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O STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18	49000
CERTIFICATE OF DEATH		13664
CERTIFICATE OF DEATH	Reg. Dist.	No.
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	CE OF DEATH	rederick			MARYLAND	o. STATE	arvl		l lived. If instituti b. COUNTY		e before odmi derick	ssion)
	CITY OR TOWN RURAL ond give rederic		ts, write	c. LENGTH OF			own (If o		rote limits, write R	URAL end g	ive nearest tov	vn)
d.	NAME OF HOSE	PITAL (If not in haspital, a			48	d. STREET AD	DRESS		Street		ON	A FARM?
DE	ME OF CEASED pe or print)	Fit KAT	°IE		Aiddle	lost ABRE	ECHT	4. DATE OF DEATH	Mor Dec	ember	Day 19,	Year 19 59
5. SEX	male	6. COLOR OR RACE	7. MARI		AARRIED TO	B. DATE OF BIRTH April 3	3, 18		9. AGE (In years last birthdoy) 80 yrs.		Days Hours	
d	SUAL OCCUPAT wring most of we House—W	FION (Give kind of work orking life, even if retired OPK	done 10b.	KIND OF BUSIN		1	CE (Stote		ountry)	12. CITI	ZEN OF WHA	T COUNTRY
13. FA	THER'S NAME					14. MOTHER'S A						
	Geo	rge F. Abre	cht			Mary	Eli	zabeth	n Esterly	7		
	AS DECEASED E	VER IN U. S. ARMED FOR	arvica)	SOCIAL SECURIT		nformant s. J. Ear	·1 Gi	lbert	213 East			
0 1	Conditions, if gove rise to couse (o), stotin ying couse los	immediate g the under-)))	an		Pyel						ilm
CATION	PART II. C	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELATED TO 1	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	ORMED?
CERTIFI	Oo. ACCIDENT VER CONTRIBUTION FEITHER, NOTICE	WAS UNDERLYING A RG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	JRY OCCURRE	D. (Enter noture of	injury in F	Port I or Port	Il of item 18.)			
MEDICAL	Hour o. m	10	ar 20d. I While of wor		D 20e. Pt/ for	ACE OF INJURY (He clory, street, office I	ome, form bldg., etc.	20f. (City	or fown)	(Co	ounty)	(Stote)
A Si	1. I certify live an CTUAL GNATURE HYSICIAN'S AME (Type)	that I attended the Ass. 19 Thomas E.	, 19 2 S	\$7., and	that death	m.b	Thir	•M, fram	the causes of the town,	and on th	e date sta	deceased ted above pate signed 21/195
22o. B	URIAL, CREMAT	ION, 22b. DATE THEREO				R CREMATORY		22d. LOCAT	ION (City, town,	or county)		ote)
	rial	Dec -22,1	727	ADDRESS	OTIVET	Cemetery		D BY REGIST	ederick,	STRAR'S SIG	Mary	rand
		chison & So	a. Fr		Marvl			EC 2 4			2 th	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retailed by the hospital arottending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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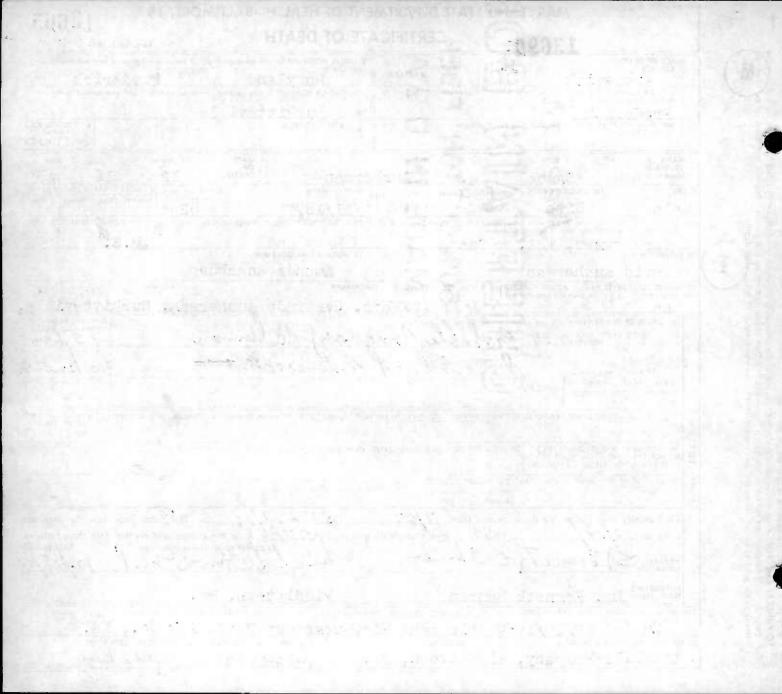
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1.	PLACE OF DEATH a. COUNTY	erick	70	MA	RYLAND	2. USUAL a. STAT		Where decease		COUNTY				an)
		(If autside carparote lim eorest town)	its, write	c. LENGTH OF ST	AY IN 1b	c. CITY	-	ttsvi				~ ~ ~	W-10-)
		TAL (If not in hospital,	give street	oddress)		d. STR	EET ADDRESS							DENCE FARM? NO 😡
3.	NAME OF DECEASED (Type ar print)	Samue	rst 1	Mid Q.		nermai	Lost 1	4. DATE OF DEATH		Mani 12	th	16		rear 19 59
S.	SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MA	RRIED _	B. DATE OF	BIRTH		9. AGE (In years irthday)	IF UNDE		1	
n	nale	white	WIDOW	ED DIVOR	CED 🗌	3/11/	1877		8	2 yrs.	Manths	Days	Haurs	Min.
100	during most of war	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BI	THPLACE (Sto	te or foreign c	cauntry)		12.CI1	IZEN OF	WHATC	OUNTRY?
	farm or			farm			arylar				U.	S.		
13.	FATHER'S NAME						HER'S MAIDEN							
		Ausherman					lmanda	Rems	burg				4	
15. {Ye		ER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY	NO.	INFORMANT	an + mad	le Aus	how	Addr	Dann	lei t	t arri	1d.
CERTIFICATION	PART I. DE, 4-20.1 Conditions, if of gave rise to cause (a), stating lying cause last.	immediate DUE	Be	stable nevals	CO.	CVA T NOT RELATI	terio.	clus.	SE CONDIT	TION GIVI	EN IN PAI	(n	PERFO	DEATH NO.
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY										
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Day, Ye	While at war	NJURY OCCURRED Not while	20e. PI	LACE OF INJU actory, street,	JRY (Home, fo affice bldg., e	rm, 20f. (City	y or tawn)			Caunty)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		193 7 C. h He	Jensey	27_at death	M.D.	hid	M, from ADDRESS (S	the country to the control of the co	or tawn,	d on th			
220	REMOVAL (Specify DULLA.		959	22c. NAME OF C				22d. LOCA			Co.,	Md	(Stote	•)
23.	FUNERAL DIRECTOR	CM .		ADDRESS				C'D BY REGIST		4b. REGIS				
	Gladhil:	l Company	, Mi	ddletown	a, Mo	d •	DATE	EC 21 '5	59	an	Thur &	Krai	4	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou<u>rs</u> by the hospital ar attending physician TO HOSPITAL STTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houmay be retailed. By the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and the registrar prior ta burial, crematian, ar remaval, and in any event within 72 hours offer death. g piryanerar remove carban papers. 72 hours offer death.

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13715 CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederick b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Lantz, Md. R.D.1 8 vears Summer d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OF INSTITUTION Tipahato ON A FARM? 5109 W. Path Court Lantz Md. R.D.1 YES NO NAME OF 4. DATE OF Middle Month Year DECEASED Priscilla Bass DEATH 12 (Type or print) 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH last birthday) Manths Days Hours female white WIDOWED [DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) none New Jersey U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. Streeter Bass Rita S. Schwep 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address W. Streeter Bass 5109 W. Path Court Sumner Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), a(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2-3 days IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Not while at work ot wark 30 Dec , 19 5 / that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at # 32 AM, from the causes and on the date stated above. DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL_(Specify) Washington D.C.
Y REGISTRAR 246. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR

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Page 4 should be		it. File pagest and 2 with the registrar prior to buriol, cremation,
		buriol,
18. Give Pages 1, 2, and 3 to the funeral director.	FILE	r prior to
funeral	ar your	registra
3 to the	tained fe	with the
2, and	ay be re	1 one
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Give .	M3. Pc	mit. File
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13718 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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								Keg, Dist. I	NO.
I. PLACE OF DEATH		2			2. USUAL RESIDENCE		sed lived. If institu		before admission)
dr	eder.	1	MARYL		MAR	YLAND	b. CO0141	FREDER	ICK
and give nearest town	outside corporate limits, write	BURAL	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN			RURAL and give	neorest lawn)
Woodsbo	ro Rui	ral	60 yrs		X Rui	ral Wo	oodeboro		
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF -DECEASED (Type or print)	Fin GEOR		Middle WASHINGTO	ON	Lost BEALL	4. DATE OF DEATH	Mont		y Year 2 1950
5. SEX Male	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	☐ B. I	DATE OF BIRTH	-	9. AGE (In years	FUNDER TYEA	7
ministra	W	WIDOW			Dec 20- 187	7	lost birthdoyl	Months Days	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work of	one 10b.	KIND OF BUSINESS OR II	- 4			- 02	12. CITIZEN	OF WHAT COUNTRY
during most of workin	g life, even if retired)		Farmer		Mary	The state of			S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	John He	nry	Beall		Julin	Ann Per	rry		
15. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of		s. SOCIAL SECURITY NO.		ORMANT Gorge W.Be	all	Wood 3 b c	ro Md Re	out # 1
ICATIC	inderlying DUE TO (c). ER SIGNIFICANT CONI	The state of	CONTRIBUTING TO DEATH	BUT NO				/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	TRIBUTING 🗎								Carl a
20c. TIME OF INJUR	Y Month, Day, Yea	Wh			OF INJURY (Home, for y, street, office bldg., el		y or town)	(County)	(State)
21. I certify th	at I took charge	of the	remains described	abov	e, held an Autop	sy 🔲, I	nspection .	Inquiry [, and find tha
death resulted	from: Natural	causes	, Accident ,	Suici	de 🔲, Homicio	le 🔲, U	ndetermined o	ause .	
ACTUAL SIGNATURE	Both	m			M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S NAME (Type)	B.O.Thoma	s Sr			DEPUTY MEDICAL		Land .	1 -93	
22a. BURIAL, CREMATIO REMOVAL (Specify) Burial	n = /= : /=	F 959	22c. NAME OF CEMETER		REMATORY		TION (City, lown,	Y)	(State)
23. FUNERAL DIRECTOR		779	ADDRESS		24a. REG	D BY REGIS		STAR'S AGNOT	
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LACE OF DEATH	Frederick	MARYLAND

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederic	k	MARYLAND	A STAT	F '	vhere deceased yland	d lived. If instituti b. COUNTY	_	_	ick	sian)
b. CITY OR TOWN (I RURAL and give no Thurm	If outside corporate limi earest lawn) Ont	ts, write	c. LENGTH OF STAY IN 18	c. CITY	OR TOWN (III		rote limits, write R	URAL and	give ne	arest tawr	n)
OR INSTITUTION	TAL (If not in hospital, g Own Home	ive street	address)	/	et address ammit	Avenu	Ө				FARM?
3. NAME OF DECEASED (Type or print)	Dorothy	An	n Benner		Last	4. DATE OF DEATH	Dec.	-	195	0	Yeor
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED		BIRTH 23,	1874	9. AGE (In years last birthday) yrs.	Months	Days	Hours Hours	Min.
10d. USUAL OCCUPATION Abring most of wor HOUSEWI	ON (Give kind af wark king life, even if retired LE	dane 10b.	Own Home	DUSTRY 11. BIR	Maryl		ountry)		S.		OUNTRY
13. FATHER'S NAME Corne:	lious bW	est			ier's maiden Julia		arbaugh			OP.	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	tanian.	15-20-9288	Mrs.	Alber	t Sig	afoose		hur	mont	t, M
PART I. DEA 331X Conditions, if a gave rise la i couse (a), stoting lying cause lost.	mmediate the under-	6	hronie, to	hem Orleri	ort tensio 55 cl	age u	, 		ON	5 yr	DEATH den
CATIC			ONTRIBUTING TO DEATH B					/EN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
_	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER MEDICAL EXAMINER Month, Doy, Yea		_ Not while _	PLACE OF INJU	JRY (Hame, fo	rm, 20f. (City			(Caunty))	(Stote)
	James K		ed fram. Seft.	th accurred	59, to 1		the causes and treet, city or town,			e stated	
Burial, CREMATIC REMOVAL (Specify)	12-6-59)F	22c. NAME OF CEMETERY Lewistowr		tery	Lew	TION (City, tawn, istown,	Mar			e)
23. FUNERAL DIRECTOR Raymond I	's signature L. Greage:	r	ADDRESS Thurmont. M	Id.		C'D BY REGIST		strar's s			

ottending physician and campletely filled in permit. Then please remove carbon in any event within 72 haurs after de TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached far use as the burial-transit permit. There the registrar priar to burial, crematian, or removal, and in any event

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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funeral 2 shauld

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3669 CERTIFICATE OF DEATH ron Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed b. COUNTY 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town) 0 RURAL and give negrest town) Rederic REDERICK d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED BERESFORD (Type or print) DEATH December 27 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (in years lost by thday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED T WIDOWED M yrs. 6. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? HMERICA USEWIFE none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car physician 72 haurs WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending vone 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ARTERIOSCLEROSIS GENERALIZED VEMES DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? LEFT FRACTURED YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Month. Day. Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while 19 ot work of work p. m. and that death accurred at 7 PM, fram the causes and an the date stated abave. 19_52, that I last saw the deceased 21. I certify that I attended the deceased fram. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 3 0 '59

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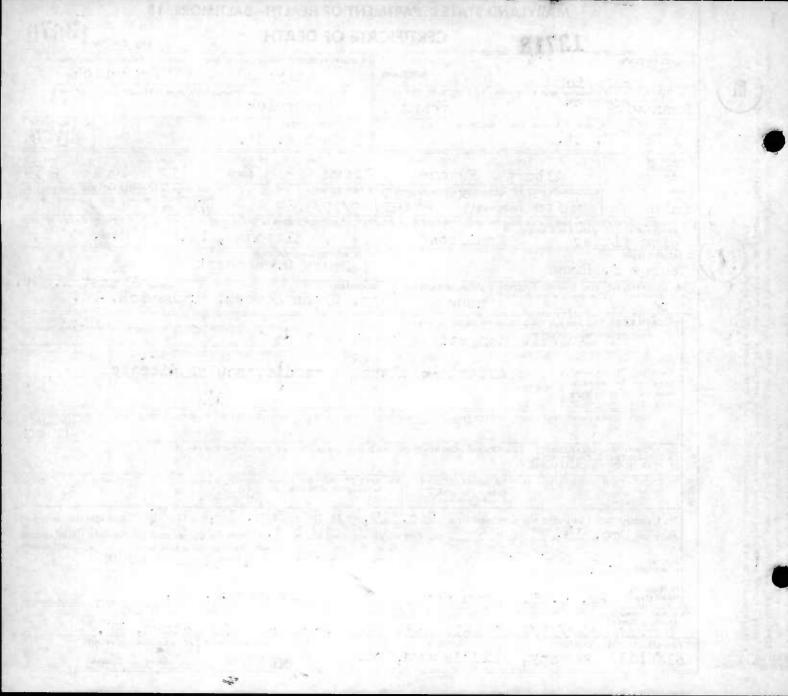
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13718 CERTIFICATE OF DEATH

Reg. Dist. No. 1367()

1.	PLACE OF DEATH a. COUNTY	erick		MARYLAND	g. STATE	ence (Where de	eceased lived.	If institution.	n: Residence t	efore odr	mission)
1	b. CITY OR TOWN (IF RURAL ond give per Brunswick	outside corporate limits, v		erstay in 16		own (If outside Inswick		nits, write RL	JRAL ond give	nearest to	own)
	d. NAME OF HOSPITA	L (If not in hospital, give • St.	street oddress)		/ d. STREET A					10	RESIDENCE N A FARM? NO
3.	NAME OF DECEASED (Type or print)	Albert		Middle E	Brown	C	ATE OF DEATH	Mont 12	th	Doy 14	Year 19 59
	sex male	6. COLOR OR RACE 7.		MARRIED	8. DATE OF BIRTH	L889	9. AG	E (In years birthdoy) yrs.	Months Da		
L	pipe fit	N (Give kind of work done ng life, even if retired)	10b. KIND OF BUSIN			Altoon		a.	U.S		T COUNTRY?
	George S.	Brown			Laura	MAIDEN NAME	ephart	5	7 ~	,	D 01-
	. WAS DECEASED EVER	IN U. S. ARMED FORCES f yes, give war or dates of service	none	MI	nformant s. Glei	nn Sowe	ers, I	Addr Bruns			E. St.
ATION	Conditions, if or gove rise to in couse (o), stoting t lying couse last.	DUE TO y, which (b) (b)	Congesti Arterio	scler	cotic ca	rdiova				PEI	AS AUTOPSY RFORMED?
CERTIFICATION		S UNDERLYING 20th CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW IN.	JURY OCCURRE	D. (Enter noture o	Finjury in Part I	or Port II of	item 1B.)			
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.		20d. INJURY OCCURE While Not while at work 0 ot wark	- 6-	ACE OF INJURY (I ctory, street, affice		f. (City or to	~ n)	(Cou	nty)	(Stote)
	21. I certify the alive an Dec ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	28.7		d that death	, 19 50 n accurred at		from the description of the control	causes and ity or town, and I	d an the d	late sta I	
22		N, 226. DATE THEREOF	22c. NAME C	OF CEMETERY C	or crematory	22d.	LOCATION (City, town, o		()	Stote)
23	FUNERAL DIRECTOR	I who had also I also	ADDRESS			24a. REC'D BY	REGISTRAR	24b. REGIS	STRAR'S SIGN		118



MARYLAND

o. STATE Maryland

b. COUNTY Frederick

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)

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be filed			-

1. PLACE OF DEATH

Frederick

executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

	t	CITY OR TOWN (IF RURAL and give no Frederic	outside corporate limits, wr orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R CK	URAL and give nearest town)		
		27 Last So	At (If not in hospital, give stouth Street	treet oddress)	d. STREET ADDRESS 27 East South Street				
		NAME OF DECEASED Type or print)	First RUTH	Middle MAY	BRUST	4. DATE Mor OF DEATH	Doy Yeor ecember 23, 1959		
	5. 5	Female	TETLASIA	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 11 Sept 1893	9. AGE (In years lost birthdoy) OO yrs.	Months Days Hours Min.		
	10a	during most of work House-Work	ing life, even if retired)	106. KIND OF BUSINESS OR INDU At Home		or foreign country) k, Maryland	USA		
/		father's name George Cru	ummitt		Ida May Be	· · · · · ·			
	5.		R IN U. S. ARMED FORCES? If yes, give war or dates of service)		John C. Brust	(Same as item			
			TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line for (o), (b), and (c).	o procuence		INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if an gove rise to in couse (o), stoting the lying couse lost.	nmediate (DUE TO	Arterio Sclero	tic eardin	viscules des	core 20 years		
0	CATION	PART II. OTH		ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO □		
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	, w		LACE OF INJURY (Home, form octory, street, office bldg., etc.		(County) (State)		
	S								
	4	21. I certify the alive on	at I attended the dec		h occurred at 12:15.	ADDRESS (Street, city or town,	that I last saw the deceased and on the date stated above STORE 1959		
	٧	ACTUAL SIGNATURE	at I attended the dec	choo Cuem	h occurred at 12:15	A.M., from the causes of ADDRESS (Street, city or town, rket St.	and on the date stated above state) DATE SIGNE		
	220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	R. Schoolma	choo Cuem	h occurred at 12:15 M.D. 228 N. Ma Frederick OR CREMATORY	A.M., from the causes of ADDRESS (Street, city or town, rket St.	and on the date stated above state) DATE SIGNE 23 Dec 1959 Or county) (State)		

1370	19	TE OF DEAT	CERTIFICA		
No Lysbory Tolling Co.		CHILD SHALL			
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the funeral director, shauld be filed with may be refused the hospital ar attending physician.

2 FUNERAL SECTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours-after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death, Poge 4

may be rela

TO HOSPITAL OR	may be reto	TO FUNEKAL ME	page 3 should be
1	S A 5M	15	(4) 55

20000				Keg. Dist. No.		
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	Residence before admission)		
Frederick	MARYLAND	Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RUI	RAL and give nearest town)		
Frederick	46 Years	// Fred	erick			
d. NAME OF HOSPITAL (If not in haspital, give street or		d. STREET ADDRESS		. IS RESIDENCE		
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION 1317 North Market Street	1317 Nor	th Market Stree	ON A FARM?			
3. NAME OF First DECEASED (Type or print) RACHEL	Middle ANN	BUCKEY	4. DATE Month OF DEATH December			
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.		
Female White WIDOWED		August 23, 1	868 Sibirthday) yrs.	Months Doys Hours Min.		
10g. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
during most of working life, even if retired) House-work	At Home	Maryl	and	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Charles W. Barrick		Arian	na Norris			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SE		NFORMANT	Addre	44		
(Yes, no ar unknown) (If yes are war or dates of service)	None Mi	ss Hattie M.	Buckey-Sameaas	Item #2		
18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]			INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	(Portioniti			ONSET AND DEATH		
576 X DUE TO	A some with	4		Process		
Conditions if any which)	I se language	,				
gove rise to immediate DUE TO	NAME AND ADDRESS OF THE PARTY O					
Couse (a), storing the under-						
. (9	ONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	AN DISEASE CONDITION GIVE	N IN PART 1/01/19 WAS ALITOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ZATANDOTINO TO DEATH OUT	THE TENTED TO THE TENTH	THE DISEASE CONDITION OF CIVE	PERFORMED?		
	BIDE HOW INTUING OCCUPANT	N (F. 1	and I as Boat II of Jam 183	YES NO X		
200. ACCIDENT WAS UNDERLYING 20b. DESCIOR CONTRIBUTING 20b. DESCI	RIBE HOW INJURY OCCURRED	J. (Enter noture of injury in F	orr i or Fort ii or nem 16.;			
	JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	20f. (City or tawn)	(Caunty) (State)		
Hour o. m. 19 While of work	TAOL WHILE	tory, street, office bldg., etc.)				
		10	10/0 1000			
21. I certify that I attended the decease		, 19, to	18.7.1.	that I last saw the deceased		
alive an 20 Kin 49	and that death			d an the date stated above		
ACTUAL BY	2 4		DDRESS (Street, city or town, st	DATE SIGNED		
SIGNATURE WALLO	man,	M.D. Profession	ar purrarug	12/10/59		
PHYSICIAN'S James B. Thomas, I	M.D.	Frederick,	Maryland			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or			
Burgan (Specify) Dec.12,1959	Mount Olivet	Cemetery	Frederick,	Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE		
M. R. Etchison & Son, Free	derick, Maryla	and DATE DI	EC 14'59 an	Elma S. Kraus		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13673

Chilhun & Klessa

13720	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 16 VEARS	O. STATE MARYL	ere deceased lived. If institution in the country i	on: Residence before admission) FREDERICK URAL and give nearest town) RAL
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) WILLIAM FREDE	RICK CHRISTO	lost PHER	4. DATE Man OF DEATH DEC	th Day Year 14 1959
M WIDON	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH DEC 23 - 1914	9. AGE (In years last birthday) 42 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane) during most of warking life, even if retired) FOREMAN 13. FATHER'S NAME	6. KIND OF BUSINESS OR INDU	11. BIRTHPLACE (State of BOSTON	MASS.	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? It [Yes, no, or unknown] (If yes, give wor or dates of service)	8/STOPHER 6. SOCIAL SECURITY NO. 17. 1 899-07-2992 ED	MARIE HI NFORMANT -IZABETH CH	NDERSON Addr RISTOPHER	ess MT AIRY R 2
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cate (a), stating the underlying cause last. (c)	Concinona	of the	pancreas	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCONTRIBUTING TO DEATH BUT			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
A Haur a.m. Whil	f.	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or tawn)	(County) (State)
21. I certify that I attended the deceded alive an Dec. 14, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) THE CAR		occurred at 9:30	Dec. 14, 1959 BM, from the causes a ADDRESS (Street, city or lown, BRIDGE BRIDGE	Athat I last saw the deceased and on the date stated above state) 12/14/59 MD
226. BURIAL, CREMATION, REMOVAL (Specify)	GVER GREEN	GARDENS	22d. LOCATION (City, town, of FINKS BUR C	r county) (State)

DATE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 moy be retoiced by the haspital or ottending physicion.

O FUNERAL

CTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremotion, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR AND TO POSTINE AND TO POST AND

he funeral director,

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TO HOSPITAL CONTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4	may be retained by the haspital or attending physician.	page 3 should be detached for use as the buriot-transit permit. Then please remove carban papers. Pages 1 and 2 should be fi <u>lled with</u>	the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death.
TO HOSPITAL OF ATTENDIN	may be retained by the hasp	poge 3 should be detached	the registrar priar to burial,

VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	-
12001	CEDTIEICATE	OF DEATH	

13694	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 3674
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institut Land b. COUNTY	ion: Residence befare admission) Frederick
b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give nearest town)
Frederick	3 weeks	× Middlet	own,	
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Memorial Hosp	oddress)	d. STREET ADDRESS	7	e. IS RESIDENCE ON A FARM?- YES NO
3. NAME OF BECEASED (Type or print) Blanche	Middle E. Cob	lentz	4. DATE Mo OF 12	
S. SEX 6. COLOR OR RACE 7. MARR	HED T NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years Last birthday)	
female white widowi	ED DIVORCED	1/1/1889	70 yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	own home	Marylan	.d	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Millard F. Kefauver		A. Estel	le Young	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		dress
	none M	aurice D. C	Coblentz, Mi	ddletown, Md.
1B. CAUSE OF DEATH [Enter only one couse per in	ne far (a), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	imarus Ca	rinoma	. of Twe	2 min.
155.0 DUE TO 1	, 10,	1.01	0	
Conditions, if ony, which) (b)	rrhosis o	1 Fiver		unknown
gove rise to immediate couse (a), stoting the under.		J		
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMI	nal disease condition GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year While of wari	Not while fac	ACE OF INJURY (Home, farm trary, street, affice bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify that I attended the deceas	ed from 2/13	. 1956, ta /	2/16 1954	that I last saw the deceased
alive on /2/14 195				nd an the date stated above.
and on	a dia mai deam		ADDRESS Street Stity or town	
SIGNATURE Tennelly C. 3	Horson	M.D. 2 Finder	Block Mid	detrivity 12/181
PHYSICIAN'S NAME (Type) Dr. Kenneth H	enson	Middle	etown, Md.	7-7-
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	Reformed Ce		Middleton	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I		ISTRAR'S SIGNATURE
Gladhill Company, Mid	dletown, Md.	DATE DE	C 2 1 '59	Withun S. Krous
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VS. A15ME(5) 5M 9/55

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MARYLAND	STA
1372MEDIC	AL E

TE DEPARTMENT OF HEALTH—BALTIMORE, 18 XAMINER'S CERTIFICATE OF DEATH

3675

1. PLACE OF DEATH o. COUNTY	Frederic	k	MARYLANI	2. USUAL RESI	DENCE (When		ved. If Institut b. COUNTY		deri	
b. CITY OR TOWN	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 18				e limits, write			
Rural -	Jefferson	. Md		35 Brun	swi ck	. Md.				
			spital, give street address)	d. STREET A	DDRESS	ille	Rd			IS RESIDENCE ON A FARM?
3. NAME OF	Fin		Middle	Lost		DATE	Month		Doy	Year
(Type or print)	Alma	Ber	neice	Comer		OF DEATH	12	-30		1959
5. SEX			EDE NEVER MARRIED		00 76	la	GE (In years at birthday)	-		Urs Min.
Female		WIDOWE		August	27,19		yrs.			
during most of worki	on (Give kind of work of ng life, even if retired) & Labore		KIND OF BUSINESS OR INDU		ginia		γ)	US		HAT COUNTRY?
13. FATHER'S NAME		ma j		14. MOTHER'S	MAIDEN NAM	E				
Dani	el H. Gre	en		Li:	llian	Conne	r			
15. WAS DECEASED EN	/ER IN U. S. ARMED FOI (If yes, give wer or dates of		SOCIAL SECURITY NO. 17.				Address	9 Pe	ter	sville
No			19-14-7743	Ernest	0. G1	een_	Brunsy	rick.	Md.	Rd
	ATH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Class	for (o), (b), ond (c).] n shot wound						INTERVAL I ONSET AN	ETWEEN D DEATH
981X	DUE TO	<u> </u>	. 57500 1105421						2	
Conditions, if	Comment of the Colon Colon		SALT SA						frim	metis
gove rise to imme (o), stoting the couse lost.	diole couse							1		
	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIVI	N IN PART		RFORMED?
PART II. OT	USE WAS INTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of inju	ury in Port 1 o	r Port II of ite	em 18.)			
20c. TIME OF INJU		While		LACE OF INJURY (Hoctory, street, office		20f. (City or to	own)	(Coun	ly)	(Stote)
21. I certify t	hat I took charge	of the	remains described ab	ove, held an	Autopsy [, Inspe	ction 🖳,	Inquiry	X), ai	nd find that
death resulted	d from: Natural	causes [, Accident , S	vicide 🔲, Ho	omicide [d, Undet	ermined c	ouse .		
ACTUAL SIGNATURE	Book	on	ras,	M.D.	EDICAL EXAM				DA	TE SIGNED
EXAMINER'S NAME (Type)	B.O.Tho	mas			MEDICAL EXA	MINER .		12-	30-	1959
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY C	OR CREMATORY	22	d. LOCATION	(City, lown, o			(Stole)
Burial	1-2-19	60	Union			Lovet	tevil	Ja 374	22.01.5.2	aio-
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		240. REC'D 8		24b. REGIS	TRAR'S SIGN	ATURE	IIA
2. hee to	ecto.	Brun	swick, Maryl	and	DATEIAN A	1 '60	ant	mn 8 4	care.	

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(State)

		70155		CERTIFI	CAI	E OF DEATH		R	leg. Dist. No	
1.	PLACE OF DEATH	derick		MARYLAN		usual RESIDENCE (Who a. STATE Mary 1		d lived. If institution: b. COUNTY	Residence before Frede	
	b. CITY OR TOWN (II RURAL and give ne	outside carporote limi	ts, write	c. LENGTH OF STAY IN T	ь	c. CITY OR TOWN (If ou	utside corpo	orote limits, write RUR	AL and give nec	arest town)
Ri		nitsburg,		4 years	X	Rural	E	mmitsbur	g,	
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		R.D.#1			1	R.D.#1				YES NO
3.	NAME OF DECEASED	Fin	if	Middle		Last	4. DATE OF	Month	Do	
	(Type ar print)	Doroth		Elizabet		Cool	DEATH	Decemb		1959
	SEX	6. COLOR OR RACE		IED NEVER MARRIED		ATE OF BIRTH		last birthday)	UNDER I YEAR	IF UNDER 24 HRS. Hours Min.
	emale	White	WIDOWE			ec. 23, 15		22 yrs.		
100	during most of work	ing life, even it refired	lane 10b.	KIND OF BUSINESS OR IN	IDUSTRY					F WHAT COUNTRY
12	HOUSOW:	LIE					The state of the s	Maryland	U e	S.A.
13.		Russell	Want	67	'	4. MOTHER'S MAIDEN N. Heneritt		1100		
15			-		7. INFO		a Du	Address		
(Ye	NO (If yes, give war or dates of u	(anivo	20-34-0316	- /1	vis a. (Doc		tsburg	R.D.#1
MEDICAL CERTIFICATION	Conditions, if or gave rise to in cause (a), stating I lying cause last. PART II. OTH 649 X 20a. ACCIDENT WA	S UNDERLYING PLANE	DITIONS C	ONTRIBUTING TO DEATH LEY 5 M RIBE HOW INJURY OCCU IJURY OCCURRED Not while of work	RRED. (E	This	art I ar Par	t II af item 18.)	144	9. WAS AUTOPSY PERFORMED? YES NO (Stote)
	ACTUAL SIGNATURE	attended the	Ost		M.D.	mun	DORESSIS		I an the da	the decease te stated above DATE SIGNE 2/9/59

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Emmitsburg, Md.

22d. LOCATION (City, town, ar county)

24g. REC'D BY REGISTRAR

DATE DEC 11 '59

Emmitsburg, Frederick Co. Md.

arthur S. Kraus

24b. REGISTRAR'S SIGNATURE

may be retained by the hospital or attending physician.

TO FUNERAL CACTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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22a. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

	-SATTIMORE, 18		O STATE DIFFARTM	MARYLAN	
and the second		HTARC ROPETH	ADFITED D	13722	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	and of the confer of			ST III of a control
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				on her dineral.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1372	3	CERTIFI	CAT	E OF DEAT	Н		Reg. Dis			
o. COUNTY	rederick		MARYLAN		o. STATE Ma.1	Where deceased yland	lived. If institution b. COUNTY			_	ion)
RURAL ond give r	If outside corporate limi egrest town) ferson	ts, write	c. LENGTH OF STAY IN	1b ×	c. CITY OR TOWN (I	foutside corpore		URAL ond g	give near	est towr	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street (oddress)	1	d. STREET ADDRESS				•	IS RES	FARM?
3. NAME OF DECEASED (Type or print)	RODI		Middle JAMES		DARNER	4. DATE OF DEATH	Decen		17,		Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED		ATE OF BIRTH	5	9. AGE (In years lost birthdoy) 73 yrs.	IF UNDER Months		Hours	ER 24 HRS. Min.
during most of wor	ON (Give kind of work king life, even if retired a Cattle De)	KIND OF BUSINESS OR IN	VDUSTRY		te or foreign con yland	untry)	12. CIT	USA		COUNTRY
13. FATHER'S NAME Jame	es C. Darne:	r		1.	4. MOTHER'S MAIDEN Ada	a Smith					
15. WAS DECEASED EV (Yes, no, or unknown) Yes	ER IN U. S. ARMED FOR (If yes, give war or dated of s WW1			Mrs,	MANT Dorothy I). Darne	r, Same		en #	\$2	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).)	in	a						TWEEN DEATH
Conditions, if a gove rise to couse (o), stoting lying couse lost.	ony, which (bimmediate the under-	La	ards va	res	lara	lisea	sa		5-	yro	1.
PART II. OT		DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PAR	T I(o) 19	PERFO	RMEDA
G (IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	ERIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury i	n Port I or Port	II of item 18.)				
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED 20e Not while of work	e. PLACE foctory	OF INJURY (Home, fo , street, office bldg., o	rm, 20f. (City	or town)	(0	County)		(Stote)
21. I certify to alive on ACTUAL SIGNATURE	hat I attended the	decease , 195	715	eath ac	curred at Profession	ADDRESS (Str	eet, city or town,	and an th	ne date	e state	
	B. O. Thoma				Frederic				alle dipe split dipe side sale.		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Dec.22,1		AHILLSboro		etery Sem.	Hill	Con (City, town, clashop)	Virgi			e) inia
23. FUNERAL DIRECTOR M. R. Et		n, Fr	address rederick, Mar	rylar		C'D BY REGISTR	-	strar's sic			

may be referred by the haspital or attending physician.

2 FUNERAL MECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours TO FUNERAL VS A1S (4) 15M 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4,

	VIE OF DEATH	OFFITTRED		
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FOR STATE HEALTH DEPT.

director. Page Arrange of Meeting of Meeting

TO DEPUTY MENICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the lifticate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the function of should be roworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain to your YO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, ar removal, and in any event within 22 hours after death.

Q 5 Q VS. A15ME 5M 2/57 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1371MEDICAL EXAMINER'S CERTIFICATE OF DEATH Re

			1	3	6	7	9
Reg.	Dist.	No.					

o. COUNTY Frederick	MARYLAND	o. STATE PENNS YT. VANTA b. COUNTY YORK			
b. CITY OR TOWN III outside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	V.Abo		
Brunswick		YORK 75 x 3			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
Maryland Avenue		334 Lexington	YES NO		
3. NAME OF First DECEASED (Type or print) Robert	Middle Edward	Lost 4. DATE Month OF DEATH 12 3(Day Year		
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED [8. D	DATE OF BIRTH 1913. 9. AGE (In years IFUNDER			
Male White WIDOWED	DIVORCED [March 26-17914 46 yrs. Months	Doys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) MGR. NORESTONE STORE	Store		ZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME			
John Duffy	8 0 3 1 7	Alice Troy			
[Yes, no, as unknown] (If yes, give war or dates of service)		ormant Address S.Alice Duffy, York, Pa.			
18. CAUSE OF DEATH [Enter only one couse per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COL	or (o). (b). and (c).)	ion	interval between onset and drath 15 Min.		
Conditions. If any, which gave rise to immediate couse (a), stating the underlying (cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T I(o) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \(\text{T} \)		
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (Ente	er nature of injury in Part I or Part II ol item 18.)			
Hour o. m. While		OF INJURY (Home, Torm, , , , , , , , , , , , , , , ,) (Cot , , , , , , , , , , , , , , , , , , ,	inty) (Stote)		
21. I certify that I took charge of the ropinion death resulted fram: Natural c			,,		
ACTUAL BOTHOM	us	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 12-3	DATE SIGNED		
EXAMINER'S B.O. Thomas		DEPUTY MEDICAL EXAMINER	30-1959		
220. BURIAL, CREMATION, 226. DATE THEREOF 12-31-59	22c. NAME OF CEMETERY OR C	PEMATORY 22d. LOCATION (City, town, or county) York, Pa	(Stote)		
23. FUNERA DIRECTOR'S SIGNATURE Brunsw:	ADDRESS ick.Maryland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
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FOR STATE			'S CERTIFICATE OF DEATH	13681
EALTH DEPT.				. Dist. No.
u _	1.	ACE OF DEATH LOUD'S	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATEM	sidence before admission)
T de la		Frederick MARYLAN	rlary Land F	rederick
TO M		CITY OR TOWN (II outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
COK"/		Frederick life	// Frederick	
5-6	0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
069		Frederick Memorial Hospital	302 Willow Avenue	YES NO St
e stat		AME OF First Middle From First Whitney	razier Last 4. DATE Month OF DEATH December	Doy Yeor 17 19 59
with 11	5. 9	MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	8. DATE OF BIRTH March 10, 1959 9. AGE (In years lead brithday) Month	DER TYEAR IF UNDER 24 HRS. s Days Hours Min.
and 2 and 2 n 72 ho	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUring most of working life, even if retired)	DSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
# - Z = #	13	ATHER'S NAME	Frederick 14. MOTHER'S MAIDEN NAME	U.S.A.
P. S.	13.			
E o E	15	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117.	Mary & Sunday	
DE T	[Yes	ra, or unknown) (If yes, give war ar dates at service)	Frazier	
言言	-	no	Carl E. Frazer, 302 Willow Ave	e., Frederick, Mo
is perm		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1	INTERVAL BETWEEN ONSET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Soungul	atten	Munutes
# Z Z Z		9240 DUE TO		
5 = 5		Conditions, if ony, which) (b)		
2000		gove rise to immediate couse (a), stating the underlying DUE TO		
0 5,		couse lost. (c)		
aria aria	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	
2 Lead	CERTIFICATION			PERFORMED?
9 0	E	206, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port & or Port II of item 18.)	1
Pic	3	CAUSE OF DEATH.	een slats and matters of cr	W
90	13	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Home, form, \$ 20f. (City or town)	(County) (State)
D 10	MEDICAL	CA Hour o. m. 12 17 19 59 While Not while of work	scrory, street, office bldg., etc.)	sloved - Med -
D 0	1	21. I certify that I took charge of the remains described ob	pove held on Autopsy To Inspection To Ing	uiry x, and in my
D 2 2		opinian death resulted from: Notural causes [], Accident		· Cara
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		opinion death resolved from: Thororal causes, Accident	X, Sucide , Homicide , Onderermine	a monner [_]
D D D		ACTUAL BOTHERS SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
Data		SIGNATURE 1000/12000	M.D.	ecember 17, 1959
A Signal		EXAMINER'S		17, 177)
2 2	-	NAME (Type) Dr. B. O. Thomas, Sr.	DEPUTY MEDICAL EXAMINER	
£ 5. £	720	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 12-19-59 Mt. Tabor		
* • • • • • • • • • • • • • • • • • • •	-	Burial" 12-19-59 Mt. Tabor		
SME 2	23,	UNERAL DIRECTOR'S SIGNARURE Group ADDRESS Thur mont,	Md 246. REC'D BY REGISTRAR 246. REGISTRAR'S	
1/57		// C IIII MOITO,	DATE DEC 21 '59 arthur	S. Kraud
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13697 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	h	COUNTY	nce before admission rederick)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate timit erick	ts, write RURAL ond	give nearest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION Frederick Memorial Hospita		d. STREET ADDRESS 17 East T	hird Stree	et	e. IS RESIDE ON A FA YES N	RMP
3. NAME OF (Also Known Ab Marie (Type or print) MARY	Stoner Halle REBECCA	r) tost HALLER	4. DATE OF DEATH I	Month December	15, Yeo	59
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		July 14, 188	. lost k	(In years orthdoy) Wonths Wonths	R 1 YEAR IF UNDER 2	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **EXEMPLEME HOUSEWORK At	ND OF BUSINESS OR INDUST		or foreign country) aryland		USA	DUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
John C. Stoner	CIAL SECURITY NO. 117. IN	FORMANT	E. Forney	Address		
(Yes, no, or unknown) (If yes, give war or dates of service) Nor		. John S. Ha	ller-Same	as Item ;	#2	
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRED URY OCCURRED 20e. PLA	armary	Port 1 or Part II of ite	1954 m 18.)	PERFORMI YES N	TOPSY IED2 IO (Stote)
21. I certify that buttended the deceosed alive on	from Aleca	0, 1954, to X	Tec. 15	ouses and an		above
220. BURIAL, CREMATION, 22b. DATE THEREOF Burial (Specify) Dec. 17,1959	22c. NAME OF CEMETERY OR Mount Olivet		22d. LOCATION (CI		Maryland	ì
M. R. Etchison & Son, Fred	ADDRESS erick, Marylan		D BY REGISTRAR DEC 2 1 '59	24b. REGISTRAR'S S Outlan	S. Thous	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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o. COUNT		ederick		MAR	YLAND	2. USUAL RESIDER	aryla	ere deceased	lived. If institution b. COUNTY		nce befo		ion)
Frede	R TOWN (IF	outside corporate limi rest town) cural RD#6	ls, write	c. LENGTH OF STAY	IN 16	il .			ote limits, write R ural RD#		give ne	oresi fown))
d. NAME Meado	OF HOSPITA	L (If not in hospitol, (give street	oddress)		d. STREET ADD		w Road				e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or p		JOS	EPH	VALENT I	NE	Lost HARTMAN		4. DATE OF DEATH		ecem		1,	Year 19 59
s. sex Male		White	WIDOWI		ED 🔲	8. DATE OF BIRTH 19 July			9. AGE (In years lest birthday) 04 yrs.	Months	Doys	Hours	R 24 HRS Min.
Retir	ed Car	N (Give kind of working life, even if retired penter)	ort Detrie		Mary	land		untry)		USA	OF WHAT	COUNTR
	tine H	lartman							Hamilton	1			
15. WAS DEC	EASED EVER	IN U. S. ARMED FOR yes, give wor or dates at	acrical	15-20-9195		s. Mary G	• Ha	rtman	(Same a		en #	(1)	
P	ART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO)	ne for (o), (b), and (c)	27	Yaman	<u></u>	<u> </u>				ERVAL BE SET AND	DEATH
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	TRIBUTING I	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of i	njury in P	ort I or Port	II of item 18.)				
	OF INJURY our o.m. p.m.	Month, Doy, Ye	While	NJURY OCCURRED Not while		ACE OF INJURY (Ho ctory, street, office b			or town)		(County)		(Stote)
21. I condition of the	an D	Som	deceas		t death	accurred at 4	:30P	_M, from	eet, city or town,	ind an	the do	te state	d abov
PHYSICIA NAME (1	Type) De	0. Thoma				Frede						The day day did one yes	
2002 20	(Specify)	12-5-59			ivet	Cemetery	- 1		rick, Ma			(Stote	•)
23. EUNERAL	DIRECTOR'S	SIGNATURE SOIL	n, Fr	ederick, M	aryl	and 2		BY REGISTR	AR 24b. REGIS	STRAR'S SI			

may be referred by the hospital or attending physician.

2 FUNERAL EXECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. may be ref

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4

TO HOSPITAL may be rei

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12 COS CERTIFICATE OF DEATH

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	1369	8	CERTIFIC	ATE OF D	PEATH	1		Reg. D	ist. No.		9003
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	a. STATE	Marvl		d lived. If instit b. COUN	TY _	nce befor		sian)
b. CITY OR TOWN	(If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16				prote limits, write				(n)
RURAL and give	rederick		Years	11	Frede						
d. NAME OF HOS	PITAL (If not in hospital, g	ive street		d. STREET A			1 1 0	2 01		e. IS RE	SIDENCE
OR INSTITUTION	for the Age			1445	/ Rec	ord/9	west 2n	a St.			NO XX
3. NAME OF DECEASED (Type or print)	PEARL	st	Middle E .	HENC		4. DATE OF DEATH		lanth	30	y	Yeor 19 5 9
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTI	Н		9. AGE (In year lost birthday				ER 24 HRS.
Female	White	WIDOWE	DIVORCED	Novemb	er 6,	1870		Manths rs.	Days	Haurs	Min.
10a. USUAL OCCUPA	TION (Give kind of work arking life, even if retired	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPL	ACE (Stote	or foreign o	country)	12. C	TIZEN O	F WHA	T COUNTRY?
Practical	Nurse		Nursing-		Maryl	and			USA	A	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	NAME					
	Corne	lius	Virts		Ca	theri	ne Enni	5			
15. WAS DECEASEDE	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		41.4	408 Wyt	ding !	lve-		
No		es.cree)		Mr. Harry	S. H	enck;	West Pi			enna	
18. CAUSE OF D	EATH [Enter anly and co	use per lin	ne for (a), (b), and (c).			01	1.000		INTE	ERVAL BI	ETWEEN
	EATH WAS CAUSED BY:	0	cute Vu	lmons	res (Ede	ma		ONS	ET AND	DEATH
420.	O DUE TO		torin - Sel	Verstie	Re	est	lisea	11	,	0+	ws.
gave rise ta couse (a), statin	immediate (•						1
lying couse los	, 1	BR	EAST R	GHT							
No la composition de la composition della compos	other significant con	DITIONS C	ONTRIBUTING TO DEATH B	ut not related to	THE JERMI	Work	E CONDITION O	SIVEN IN PA	RT 1(o) 1	9. WAS PERFO YES	AUTOPSY DRMED?
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED, (Enter nature a	f injury h	Part I or Pa	rt II ditem 18.)				
20c. TIME OF INJ	1. 10	or 20d. It While at wor	Nat while	PLACE OF INJURY (factory, street, affice	Hame, farm bldg., etc	20f. (Cit	y or town)		(County)		(State)
21 L contifu	that/l attended the	docoos	ad from Olex	1053	Jul 2	2/30	105	7	loot so	46.	deceased
alive on	2/30	105	-0	th accurred at	-		, .,				
dive on 2.	1	10	, dila radi dea	in accorred at	_		Street, city or lav		ne dai	ie sidi	ATE SIGNED
ACTUAL	hades TX	W.	xlegge	M.D. FRE	DER	ICK,	MAR	YLAI	VD_	12	31/5
PHYSICIAN'S NAME (Type)	HARLES H	Co	NLEY, TR.								
22a. BURIAL, CREMAT REMOVAL (Speci	ION, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, taw	n, ar caunty)		(Sta	le)
Burial	1/2/60		Harpers F	erry Ceme	tery	Ha	rpers Fe	rry, V	v. V:	irgi	nia
23. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS		240. REC'	D BY REGIS	TRAR 24b. RE	GISTRAR'S S	GNATUR	RE .	
M. R. E	tchison & Sc	n: Fr	rederick. Mar	vland	DATERNA	10	0	0	11		

EMILE L	E OF DEATH	CERTIFICAT		
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ADDRESS

Bittle. Myersville, Mone

13685

ON A FARM?

Year

PERFORMED?

Fred .Co.Md .

24b. REGISTRAR'S SIGNATURE

Mversville

24a. REC'D BY REGISTRAR

(State)

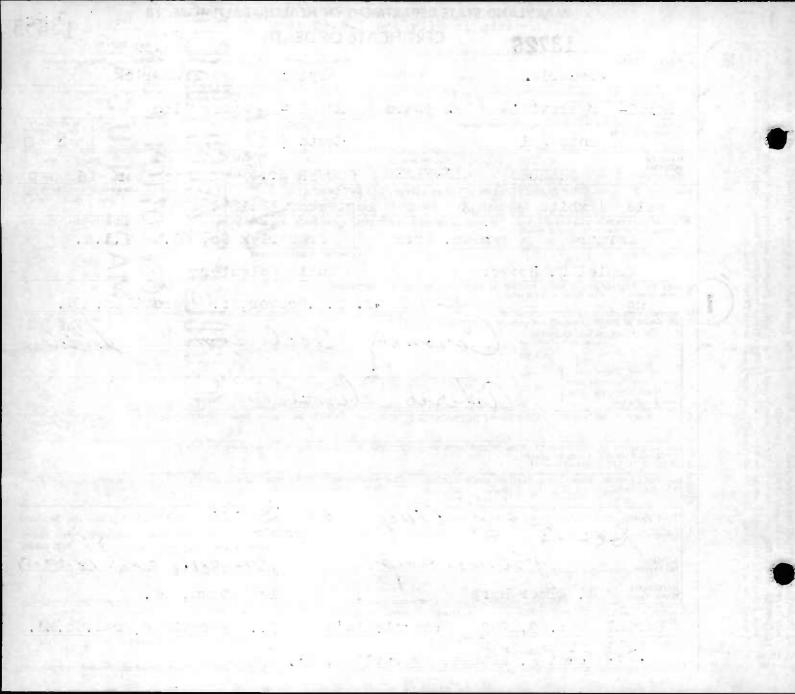
1959

page 0 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

certificate

death



	13727		CERTIFIC	CATE OF D	EATH			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Fred	erick		MARYLAND		ence (When	e deceased lived	d. If institution b. COUNTY	residence l		ission)
b. CITY OR TOWN (If outside corporate limits,	, write c. LEN	GTH OF STAY IN 11	c. CITY OR 1	OWN (If out	side corporote li	mits, write RI			wn)
RURAL ond give n Emmits	burg,	2	years	× Emm	itsbu	rg,				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street oddress)		d. STREET A					e. IS R	ESIDENCE A FARM?
OK HASTITOTION	Emmit Gar	dens		Em	mit G	ardens				NO
3. NAME OF DECEASED (Type or print)	John First		Middle homas	Hornsby		OF DEATH	Moni Decemb		Day	Yeor 1959
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI	1	9. AC	GE (In years at birthdoy)	IF UNDER 1 Y		
Male	White	WIDOWED 🔀	DIVORCED	Dec. 2	7, 18		80 yrs.	Months Da	ys Hour	Min.
00. USUAL OCCUPATIO	ON (Give kind of work do	one 10b. KIND O	F BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (Stote or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
Far	king life, even if retired) MBP			Vi	rgini	a		U	.S.A.	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
Ja	mes Thomas	B Horns	by	Hes	ter C	ollins	CHANA.			
	R IN U. S. ARMED FORCI (If yes, give war ar dates of sen	vice)	SECURITY NO.	3-etry	H. :	Tayl	Addr	ess Emm Emmits		arde. Md
	ATH [Enter only one cous	se per line for (o), (b), ond (c).]	. /	0.				INTERVAL I	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	mus	cardia	deserve	ratio	W -			per .	ubla
177X	DUE TO	0		0						
Conditions, if o	ny, which)	Pana"	tation 1	ADALIA	2111				152	lo m A d
gove rise to i	mmediote (June	MAN S	2000	- voic				1)
lying couse lost.	the under-							1961		
	HER SIGNIFICANT CONDI	ITIONS CONTRIB	SUTING TO DEATH B	BUT NOT RELATED TO	THETERMINA	AL DISEASE CON	NDITION GIV	EN IN PART 10	o) 19, WAS	AUTOPS
1/2	no free	200	A sala	1.0	0		20	00	PERF	ORMED?
20g ACCIDENT	S LINDERLYING D	POL DESCRIBE H	OW INJURY OCCUR	RED. (Enter noture o	SOLA PO	rt Lor Port II of		axcusom	6 123	J NO
PART II. OTI	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	OD. DESCRIBE IN	OW WOOK! OCCOR	KED. (Ellier holore o		11 1 01 101 11 01				
		20d. INJURY C	OCCUPRED 20-	PLACE OF INJURY (dome form	206 (City or to		10	-4.4	/Chah
20c. TIME OF INJUR Hour o. m. p. m.	19	While No	ot while_	foctory, street, office	bldg., etc.)	L TOU. (CHY OF TO	wnj	(Cour	nty)	(Stote
p. m.	ly	ot work _ ot	work							
21. I certify th	nat I attended the o	deceased fra	m. May	, 195	to De	c 27	19.59.	that I last	saw the	decease
alive anQ	e 20	, 19 59	, and that we	ath accurred at	0130PN	from the	causes an	d an the d	ate state	ed abov
	0 0	. 10	0 1			DORESS (Street				ATE SIGN
ACTUAL SIGNATURE	lander Pl	Dell	inus	MD S	Steple	1144 - 5	0	No.	150	1959
	0=000				20.5	-			7	
PHYSICIAN'S NAME (Type) C	harles R.	Willia	ms	(3	ettvs	burg.	Pa.			
220. BURIAL, CREMATIC			AME OF CEMETERY			2d. LOCATION		or county)	/51	ote)
REMOVAL (Specify)	- 1 1			OK CREMIATORY					gini	
23. FUNERAL DIRECTOR			DDRESS GOTE	0		Pungote BY REGISTRAR		TRAR'S SIGNA	0	a
/ CONTRACTOR	11/1/									
11101	alleow,	Emmilts	burg, Mar	vland	DADEC 2	8 29	arth	of S. Thas	30	

TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retailed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 15M 9/SB

E.

Wilson

TOTAL - CENTRALE OF SEATH John Thomas Porcely Law Committee of Male Cold Care I would be a cold

VS. A15ME(5) 5M 9/55

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7		to-boxipl.	,
	je 5 may be retoined for your fills	pages I and 2 with the registrar prior to bekind, cremation,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te 5 may be re	poges I and 2	The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	70000					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (V	10.00	ed lived. If Institu b. COUNT	rion: Residence	before adm	ission)
b. CITY OR TOWN and give nearest to Freder		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III		porate limits, write	RURAL and gi	ve nearest to	wn)
	PITAL OR INSTITUTION (If not in ho	M - The state of t	d. STREET ADDRESS	Stre	et	7	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	first Clifton	Middle Joseph	Lost Hov	4. DATE OF DEATH	Mont			reor 959
Male	6. COLOR OR RACE 7. MARRI Colored WIDOWE		date of Birth Teburary 4,	1901	9. AGE (In years lost birthday) 58 yrs.	Months Day	AR IF UND	
during most of worl	FION (Give kind of work dane 10b-king life, even if retired) OPER - CON 37 +				ountry)	U.S	OF WHAT	COUNTRY
13. FATHER'S NAME	seph Hoy		14. MOTHER'S MAIDEN I					
			Nancy St Frace Hoy,		Address	eat Pr	red en	iok
1	ediate couse	•	Thrombosix	eart	Disease		INTERVAL BETWEEN ONSET AND DEL	ATH
PART II. O	THER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(o) 19. WAS PERFO YES [AUTOPSY PRMED?
PART II. O	AUSE WAS ONTRIBUTING 20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature af injury in Par	t 1 ar Part 11	of item 18.)			
20c. TIME OF INJ Hour o. m p. m	. Whil		CE OF INJURY (Home, farm pry, street, office bldg., etc.	20f. (City	ar town)	(County)	(State)
death resulte	that I took charge of the d from: Natural causes			, U	nspectian 🔀,		X, and	find that
EXAMINER'S NAME (Type)	B.O. Thomas, M.		ASSISTANT MEDIC DEPUTY MEDICAL	AL EXAMINE EXAMINER [Dec.		14,19	59
BULLIAL	12-16-57	22c. NAME OF CEMETERY OR		Free	TION (City, town,	or county)	(Stat	e)
3. FUNERAL DIRECTO	PR'S SIGNATURE	ADDRESS		D BY REGIST		STRAR'S SIGNA		

April 1 and Moltgoog Continue of the state of the state of the state of wite biev fl - sement burnt ofcorefosologuetul Service of the state of the service THE COMMENT OF THE PROPERTY OF 1, 2, and 3 to the fune.
Page 5 may be retained and 2 with the State

State

and in any event within 72 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13688

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	ceased lived. If institut b. COUNTY	
b. CITY OR TOWN (If autitide carporate limits, write BUR and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
237 West Patrick Stree	t	237 West	Patrick St	reet YES NO
3. NAME OF DECEASED (Type or print) GEORGE DAVI	Middle D WALTER SANDERS	KOLB 4. DAT		ember 4, 1959
35 9		March 24, 1875	9. AGE (In years lest birthday) 814 yrs.	HUNDER 1YEAR IF UNDER 24 HR. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Retired Driver	Fire Co.	11. BIRTHPLACE (Stote or foreign Maryla		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME David Kolb		14. MOTHER'S MAIDEN NAME V. Saltz	er	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war ar dates of service)		· Firbie V. Koll	Address —Sameas it	em #2
18. CAUSE OF DEATH [Enter only one couse per part I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), ond (c).] CORONARY THROMB	OSIS		interval between onset and death Minutes
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	ARTERIO#SCLEROS	IS		Years
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 10
20c. TIME OF INJURY Month, Doy, Year Hour e. m., P. m. 19	20d. INJURY OCCURRED 20e. PLAC While Not while facto of work of work	E OF INJURY (Home, form, 20f. ry, street, office bldg., etc.)	(City or town)	(County) (Stote)
21. I certify that I took charge of opinion death resulted from: Natural ACTUAL		, Suicide , Homici		Inquiry A ond in my
EXAMINER'S NAME (Type) B. O. Thomas,		M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAMINE	IINER 🗆	1 12/4 1 959
226. BURIAL CREMATION, REMOVAL (Specify) Dec. 7, 1959	Mount Olivet	Cemetery Fr	CATION (City, town, o	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F	rederick, Marylan	24a. REC'D BY REC	GISTRAR 246. REGIS	TRAR'S SIGNATURE

execute the firate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 4 shauld be retwarded to the Chief Medical Examiner's Office along with farm PM3. P TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 or its designated agent, prior to burial, crematian, ar removal, and in any event within TO DEPUTY VS. A15ME 5M 2/57

CAL EXAMINER: This certificate shauld be

MARY LAND STATE DELANTMENTS OF HEALTH - BASTIM-ORE. MEDICAL EXAMINERS CERTISITATE OF DEATH

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CEDTICIC ATE OF DEATH

	101	UI	CERTIFIC	,,,,	L OI DEAI	11		Reg. D	ist. No.		
	Frederick		MARYLAND		usual residence (vo. STATE Maryl		b. COUNTY	-	nce befor		ssion)
b. CITY OR TOWN RURAL and give Frederic	(If outside corporate limineorest town)	ts, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (II		rote limits, write R	URAL ond		rest fow	m)
OR INSTITUTION	ITAL (If not in hospitol, g	give street	oddress)		d. STREET ADDRESS					ON	SIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	Pio DAIS		Middle ANNE		LANGLEY	4. DATE OF DEATH	Decen	-	17	y 9	Yeg59
5. SEX Female	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED		nknown		9. AGE (In years less bythdoy) yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INI At Home	DUSTRY	11. BIRTHPLACE (Sto- Maryl	_	ountry)		TIZEN O	F WHAT	T COUNTRY?
13. FATHER'S NAME Nels	son Barnes			1	4. MOTHER'S MAIDEN Emily John						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR	(CES? 16. ervice) 21			Luzon W.	Wars,	Same as]		#1		
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-		Pulmonar	2) 7	Palmor Tubero	iary	sis		3	ye.	DEATH LINUTE
20a. ACCIDENT WOR CONTRIBUTION	THER SIGNIFICANT CON AS UNDERLYING G G CAUSE OF DEATH Y MEDICAL EXAMINER)		CONTRIBUTING TO DEATH B					EN IN PAI	RT 1(o) 11	PERF	AUTOPSY ORMED?
20c. TIME OF INJU Hour o. m. p. m.	10	ar 20d. II While of wor	Not while		OF INJURY (Home, fo , street, office bldg., e		or town)		(County)		(Stote)
21. 1 certify to olive on	female of the latended the latended the latended latended latended latended latended latended the latended late	192 Au	22c. NAME OF CEMETERY	M.D	Profession Frederick	DA M, from ADDRESS (S CONAL BU	treet, city or town,	and on t	the dot	e stot 2/1	ed obove. ATE SIGNED 8/59
23. FUNERAL DIRECTO	Dec.13,1	.959	St. Peters	Cer		St.					ryland
		Free	derick. Maryl	and		EC 21 '5		Thur S.			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be refuled by the haspital or attending physician.

O FUNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within after death. TO HOSPITAL moy be rei VS A15 (4) 15M 9/55

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	ashti	BUCCOS S	
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	e service	a sure es due art	
The same of the same and the sa	. #5	2 21 10 0 T 1.3E	Children Service
			. E. Mantera - Bon,

VS A1S (4) 1SM 9/S8 H

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13728 CERTIFICATE OF DEATH

13690

Reg. Dist. No.

							wed. Dist. 14		
	PLACE OF DEATH o. COUNTY Frederick		MARYLAND	- CTATE	ce (Where deceased aryland	lived. If institution b. COUNTY	r: Residence bef	are admis	sian)
	b. CITY OR TOWN (If autside corporate limits RURAL and give nearest town) Rural Emmits burg		c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If autside carpor Emm	ote limits, write RU 1 tsbur g		earest taw	n)
	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION $\mathbb{R} \bullet \mathbb{D} \bullet \# 2$	_	ddress)	d. STREET ADDI	RESS R.D.#2		Stall.		FARM?
13	DECEASED		Middle Daniel Lin	Lost	4. DATE OF DEATH	Mont Decem		ay	Year 1959
3		7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH Feb. 25		9. AGE (In years last birthday) 48 yrs.	Manths Days	Haurs	Min.
	Oa. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Cabinet Maker	one 10b. K	IND OF BUSINESS OR INDU niture Fact	oryEmmit	(State or foreign co sburg, M	untry) d.	12. CITIZEN C		OUNTRY?
1	3. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME			20	
	Felix Henry Li.	ngg		Ross	alia Bra	wner			
1	5. WAS DECEASED EVER IN U. S. ARMED FORC (es, no, or unknown) (If yes, give war or dates of see	vice)	76-07-8674)	NFORMANT S	adys	Addr.	Emmit	sbur .#2	g,Mo
-	18. CAUSE OF DEATH [Enter only one cou	se per line	far (a), (b), and (c).]	1 1		1	IN	ERVAL 8E	TWEEN
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o).	1	nuscal	in in	loure	us s	ON	SET AND	DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDUCTOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	SLOVESCE ETERMINAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	PERFC	AUTOPSY PRMED?
		20Ь. DESCR	IBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Part 1 ar Port	II af item 18.)			
	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p. m.	While	URY OCCURRED 20e. PL Not while factor of wark	ACE OF INJURY (Hom ctary, street, affice blo	ne, farm, 20f. (City dg., etc.)	ar town)	(Caunty)	(Stote)
	21. I certify that I attended the alive an 25 Dec. 34 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 6 EORGE	19 ·	fram 25 Day 7, and that death Mornings Mornings	19 59, 19 59, 19 accurred at 3		he causes and eet, city or town,	d an the dat	e stated	d abave.
	20. BURIAL, CREMATION, 22b. DATE THEREOR REMOVAL (Specify) BURIAL Dec. 30			R CREMATORY		ON (City, town, o	Maryla	_	te)
2	3. FUNERAL DIRECTOR'S SIGNATURE (L. E. WILSON	n,:	ADDRESS Emmitsburg,	3.5.23	TDEC 2 9 '59		TRAR'S SIGNATION & HOME		

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TO HOSPITAL may be rei

VS AIS (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13702 **CERTIFICATE OF DEATH**

Reg.			1	1	6	9	-
Reg.	Dist.	No.	1	0	U	-	4

				- 17							
1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN	- 11	o. STATE	eryla		ived. If institution b. COUNTY	Frede		Imission)
b. CITY OR TOWN (RURAL and give n	If outside carporate limi	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOV	WN (If ou	utside corporo	te limits, write R	URAL and gi	ve nearest	tawn)
Frederi	ck		Years		// Fr	reder	rick				
d. NAME OF HOSPI	TAL (If not in haspital, g	ive street	address)		d. STREET ADD	RESS				•. tS	RESIDENCE N A FARM?
1027 North	Market Str	eet			10)27 N	Jorth M	larket S	treet		NOX
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Man	th	Day	Year
(Type or print)	MAE	BEL	IRENE		LINTO	ON	OF DEATH	Dece	mber	11,	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRTH		9	AGE (In years last birthday)			NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	J	anuary 2	23, 1	.895	64 yrs.	Months (Days Ho	urs Min.
100. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLAC	E (State o	or fareign cau	ntry)	12. CITI	EN OF W	HAT COUNTRY?
House	-work		At Home		Ma	aryla	and			USA	
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME				
Lu	ther R. Sta	ley			A	lice	Rober	ts			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFO	DRMANT			903 Måt	fibr Ar	renue	E
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice}	None	Mr.	Lester	S. I	inton.	Freder	ick. N	arvla	ind
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]							INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	3	Commune the	NOW	bosis					much	ND DEATH
420.1	DUE TO		Ca To Tour of T							137007	- CO7
Conditions, if a		. When	newbusines (In Son	ries selevi	Tim	Heart	Diarino	e	10+ a	iens.
gave rise to i	mmediate (1901 1010 12000 12	7	7-567 5 1-467/00			Chronica		0	
lying cause last.	the under-										
PART II. OT			CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO TH	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
Ĭ,											RFORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of in	njury in P	art I ar Part I	l of item 1B.)			
	RY Month, Day, Ye	ar 20d, I	NJURY OCCURRED 20e	. PLACI	E OF INJURY (Hor	me, farm,	20f. (City o	r town)	(Ce	ounty)	(State)
20c. TIME OF INJUI Hour a.m.	19	While of wor		factor	y, street, office bl	dg., etc.					
				1 15	- 10		15 / 2	8 205	9		
	nat I attended the	deceas	sed from/2	1_12		10	0 10	3, 19_4	1		he deceased
alive an	13/00	, 19	D.f., and that de	ath a	ccurred at 8	47 -	M, tram	the causes of	ind an th	e date s	tated abave. DATE SIGNED
ACTUAL I		P	P.1 -		East Ch				store)	1/2	2/60
SIGNATURE	course C	· Ales	gnoters	M.[East Of	lurci	Doles			1/2	700
PHYSICIAN'S NAME (Type)	R. C.Reynol	ds,	M. D.		Frederi	i ć k,	Maryla	ınd			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Jan 4,19		Mount Olive					on (City, town, cederick			(Stote)
23. FUNERAL DIRECTOR			ADDRESS		24	4a. REC'E	BY REGISTR	AR 24b. REGIS	STRAR'S SIGI	NATURE	
M. R. Etc	hison & Sor	, Fr	ederick, Mary	rlan	id D	ATÉA N	5 '60	(1+1	- 0 1-		
						-7111		. Links	98 4	2000	

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Name of the last	ę z Z Jeniko	revilue some	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be reto

VS A1S (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13703

CERTIFICATE OF DEATH

		CERTIFIC	AIL OI DLAI	• •	R	eg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Ma		If institution: COUNTY	Residence befor Freder	
b. CITY OR TOWN (If a RURAL and give seed Freder 10	outside corporate limits, write lest town)	16 days	Thurmont		-	AL ond give nea	rest town)
d. NAME OF HOSPITAL Prederick	(If not in hospitol, give street of Memorial Hos	pital	d. STREET ADDRESS				ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	CALVIN	Middle	MARTIN	4. DATE OF DEATH	Month Dec.	12	159
s. sex male	6. COLOR OR RACE 7. MARR White WIDOWE		8. DATE OF BIRTH Aug. 2, 18	89 70	4 3 4 4 4	UNDER 1 YEAR Nonths Days	Haurs Min.
10a. USUAL OCCUPATION during most of workin Laborer	(Give kind of work done g life, even if retired)	E. CO.	ustry 11. Birthplace (Sio				WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
David Ma	artin		Elizab	eth Hol	tz		
1S. WAS DECEASED EVER (Yes, no, or unknown) (If	ves nive war or dates of service)	social security no. 17. 17-10-9007	Bessie M.	Martin	Address	armont,	Md. RD
PART I. DEATH	Enter only one cause per line WAS CAUSED BY:	Cerrorleng	Henry	. 2		INTE	RVAL BETWEEN ET AND DEATH
420.1	MMEDIATE CAUSE (o) DUE TO	Centracing	Thromboses	,			
Conditions, if any					(K4.1)		
gove rise to import code (o), stating the lying couse lost.							
_	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	IN PART 1(a)	P. WAS AUTOPSY PERFORMED? YES NO
	UNDERLYING 20b. DESC CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part 1 or Part 11 of i	tem 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. It While of work	Not while f	PLACE OF INJURY (Home, fa octory, street, office bldg., e	rm, 20f. (City or tow	n)	(County)	(Stote)
21. I certify tha	t I attended the decease	ed fram. 11/20	2 , 19 5 % ta	12/12	, 1939,1	hat I last sa	w the deceased
alive an	12. 19.	and that deat	th accurred at 192				e stated above
ACTUAL SIGNATURE	chard C.	Byrolds,	M.D. 9 Et	ADDRESS (Street, ci	URCH-	57.	DATE SIGNED
PHYSICIAN'S R1	chard C. Rey	nolds	FR	FIFRICK	, 170)	, ,
PEMOYAL (Specify)	12-15-59	Blue Ridg	or Crematory e Cemetery	Thurmo		er ylan	(State)
REVINERAL DIRECTORS	SIGNATURE AND	ADDRESS hurmont Md		C'D BY REGISTRAR DEC 1 7 '59		AR'S SIGNATUR	

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Item 1 FilmG253 12-7-59 et CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick havid be filed h COUNTY MARYLAND Frederick Marvland death. 0 b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) months Emmitsburg. Phurmont d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? home West Main YES T NO DO NAME OF First Middle 4. DATE Inst Month Year Day Pa DECEASED (Type or print) John Tilden Miller DEATH 19 59 December 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Male White Nov. 29.1875 WIDOWED A DIVORCED [7] yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frederick Co. Md. Farmer U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Ö Christopher Miller Jane E. Evler mave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN 0 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GLWG. DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO E 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day. Year 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. 11. While Not while 19 of work of work p. m. 21. I certify that I attended the deceased from A 1927, that I last saw the deceased and that death accurred at 4:10 M, from the causes and on the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Emmitsburg, Frederick Co.Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Kraus Emmitsburg. DEC 4 DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No. 13694

1. PLACE OF DEATH 6. COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreat town) Frederick d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
					11	Freder	ick					
					1	d. STREET ADDRESS 230 Ea	st Thir	d Stree	et	ON	RESIDENCE A FARM?	
3. NAME OF First Middle				11	Lost 4. DATE Month							
(Type or print) ELMER			ER	CLAYTON			MINNICK	OF		cember 18		19 59
S. SE	X	6. COLOR OR RACE	7. MARE	MONKIEGE MAKEE			ATE OF BIRTH	1 10	GE (In years st birthday)		YEAR IF UN	DER 24 HRS.
M	ale	White	WIDOWI	ED DIVOR	CED 🔲	Se	ptember 16,	1893	56 угз.		1100	, recuir.
-	usual OCCUPATIOn during most of work	ing life, even if retired	ione 10b.	Brush Co			11. BIRTHPLACE (Stote Mary	or foreign country rland	1)	12. CITI2	USA	AT COUNTRY
13. F	ATHER'S NAME					14	. MOTHER'S MAIDEN N					
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(10).	no. or unknown)	If yes, give war ar dates of s	2	14-10-211	.8 M	rs.	Mary L. Mi	innick-S	ame as	Item	#2	
		nmediote Dus To)	ne for (o), (b), and	(0.]	7	vnay	Thron	nla	sis_	INTERVAL ONSET AT	BETWEEN JD DEATH
CERTIFICATION							RELATED TO THE TERMI			EN IN PART	PER	FORMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	r occurre	D. (E	nter noture of injury in f	Port I or Port II o	fitem 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While of wor	NJURY OCCURRED Not while	20e. Pl	ACE clory,	OF INJURY (Home, form street, office bldg., etc.	, 20f. (City or to	own)	(Co	ounty)	(Stote)
	alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	19 as, 1	, and the	at death	, M.D.	Profession Frederick	M, from the ADDRESS (Street, nal Buil	e causes of city or town, ding	nd an th		ne deceased ated above DATE SIGNET 19/59
220. Bu	BURIAL, CREMATIO REMOVAL (Specify)	Dec . 21,19		Mount 0				22d. LOCATION Freder		or county)	Mary.	land
	UNERAL DIRECTOR			ADDRESS				D BY REGISTRAR		STRAR'S SIG		
M.	R. Etchi	ison & Son,	Fre	derick, M	aryla	nd	DATE [DEC 2 2 '59	C	wilms &	. Thanks	

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CERTIFICATE OF DEATH

Reg. Dist. No.

									~~	g. Dist. 14	U,	
1. PLACE OF DEATH o. COUNTY F:	rederick		MARYL	- 11	USUAL RE		here decease yland	d lived. If in		Residence bef		-
b. CITY OR TOWN (IF RURAL and give neo Point of		, write	60 Yea:		c. CITY O		of Ro	orote limits, w	rite RURAI	L and give n	earest tow	m)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, giv	e street a	ddress)	1	d. STREET	ADDRESS					ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	first NELI	JE	Middle DARCUS C	LIPP		OHLER	4. DATE OF DEATH	I	Month OCCEM	ber 1	L7,	Yeor 19 59
5. SEX Female		MARRI	ED NEVER MARRIED		ecemb	er 2,	1870	9. AGE (In)	toy) Mc	UNDER 1 YEA		
10o. USUAL OCCUPATION during most of working House—W	ng life, even if retired)		Home	INDUSTRY	11. BIRTH		or foreign of Virgin			12. CITIZEN USA		T COUNTRY?
13. FATHER'S NAME Da	vid Clipp			1		· Hann		Lpp				
15. WAS DECEASED EVER (Yes, no. or unknown) NO	IN U. S. ARMED FORCE yes, give year or dates of services.	rice)	ocial security no.	17. INFO		am H.	Mohle	r,JrS	Address	as It	m #2	
Conditions, if on gove rise to im couse (a), stoting th lying couse lost. Part II. OTHE	mediote (Dus TO	ITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT NO	T RELATED	TO THE TERM	INAL DISEAS	E CONDITION	N GIVEN I	IN PART 1(a)	19, WAS PERF	AUTOPSY ORMED?
PART II. OTHE	UNDERLYING CONTROL CAUSE OF DEATH	106. DESC	RIBE HOW INJURY OC	CURRED. (E	inter noture	of injury in	Part I or Pa	t II of item 16	3.)		113 [) notifie
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While	JURY OCCURRED Not while at work			(Home, form lice bldg., etc		y or town)		(County	1)	(State)
alive on	at lattended the control of the cont		2 , and that	death ac			ADDRESS (S		es and	an the d	ate stat	ATE SIGNED
220. BURIAL, CREMATION BUREMONAL (Specify)	Dec. 19,1		22c. NAME OF CEME Mount Oli					TION (City, to derick		Mar	ylanc	(e)
23. FUNERAL DIRECTOR'S	SIGNATURE	Fre	ADDRESS	mrlen	a		D BY REGIS			R'S SIGNATI		350

VS A15 (4) 15M 9/55 M

the funeral director, and 2 shauld be filed with

has been signed by the attending physician and campletely filled urial-transit permit. Then please reprove carbon papers. Pages 1 c

72 hours ofter death.

requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13731

CERTIFICATE OF DEATH

Reg. Dist. No.

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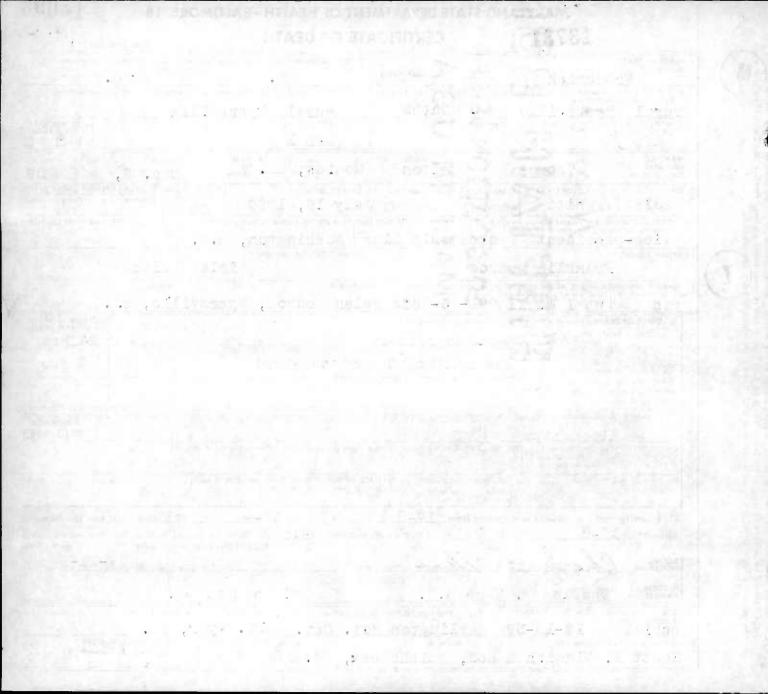
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in 37 he funeral director.	detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with ta burial, cremation, or remaval, and in any event within 72 parts after death.	

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pathe registrar prior to burial, cremation, or remaval, and in any event within 72 pours after death.

TO HOSPITAL VS A15 (4) 15M 9/5B

1. PI	COUNTY	lerick	MARYLAND	2. USUAL RESIDEN o. STATE	ICE (Where decease	ed lived. If instituti b. COUNTY		before admi	ission)
b.	CITY OR TOWN (If RURAL and give nea	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If autside corp	orote limits, write R	URAL ond gi	ve nearest to	wn)
		yersville	5 months	X rura	The second second	sville			
d	RFD 1	L (If nat in haspital, give street	ddress)	d. STREET ADD	RESS 1			ON	A FARM?
D	AME OF ECEASED ype or print)	Thomas	Melton	Monroe,	Sr 4. DATE OF DEATH	Mor De	_	Day	Year 1959
5. SE	male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH July 19,	1899	9. AGE (In years last birthdoy) 60 yrs.		YEAR IF UNI Days Hours	
10a.	USUAL OCCUPATION during most of working V108-pre	N (Give kind of work done 10b ng life, even if retired)	. KIND OF BUSINESS OR IND teamship li		e (Stote or foreign on ngton,		12.CITIZ	EN OF WHAT	COUNTRY?
13. F	ATHER'S NAME			14. MOTHER'S MA					
	F	ranklin Monr	oe		Vi	olet Me	lton		
		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	100	Add	ress		
	no, or unknown) (If	f yes, give war or dates of service) WW I WW II O	91-26-5663	Helen Mon	roe, My	ersvill	e, Md	•	
		'H [Enter only one couse per I H WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca.1		'e				ONSET AN	D DEATH
	Conditions, if on gove rise to im	y, which (b)	neralized Ar	terioscl	erosis			5 Y	rs
	couse (a), stoting the lying couse last.	he under- DUE TO				الأنست			
CERTIFICATION		er significant conditions coholism	CONTRIBUTING TO DEATH BI	UT NOT RELATED TO TH	HE TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERF	ORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of in	jury in Part I or Po	ort II of item 18.)		174	
MEDICAL	Hour o. m.	While		PLACE OF INJURY (Hor factary, street, office bl	ne, farm, 20f. (Cit dg., etc.)	ly ar town)	(Co	ounty)	(Stote)
	21. I certify the	at I attended the decea	sed fram. 12-8	. 1959.,	12-9	, 1950	that I las	t saw the	deceased
	alive an 12	<u>-8</u> , 19 ¹							
	ACTUAL SIGNATURE	harles Je	The	_M.D		Street, city or town,	stote)		ATE SIGNED
	PHYSICIAN'S NAME (Type)	harles F. He	ess M.D.	Sı	nithsbur	rg, Md.			
	BURIAL, CREMATION REMOVAL (Specify) DUT 1a L	12-15-59	22c. NAME OF CEMETERY Arlington			ATION (City, town, Meyer, V		(St	ate)
	UNERAL DIRECTOR'S		ADDRESS	24	a. REC'D BY REGIS	STRAR 24b. REG	ISTRAR'S SIG	NATURE	
-	Scott F.	Minnich & S	Son. Smithsb	urg. Md	ATE DEC 1 4	59 a	Klun S.	Thank	



Orthur S. Kraus

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o. COUNTY	Frederick	ζ.	M	ARYLAND	2. USUAL RESIDENCE (VO. STATE Mar	vhere decease	d lived. If instituti b. COUNTY	_		eric	_
b. CITY OR TOWN (RURAL ond give no Thurmon	If outside corporate limit earest town) Tural	s, write	50 yrs		c. CITY OR TOWN (III			RURAL ond	give nec	rest town	
	TAL (If not in bosnital ai	ive street od	7- 0		d. STREET ADDRESS			42		e. IS RESI ON A YES	FARM
NAME OF DECEASED (Type or print)	John Firs	G		ddle nings	tar	4. DATE OF DEATH	Dec.	18	Da	,	eor
sex male	6. COLOR OR RACE white	7. MARRIE	_		B. DATE OF BIRTH March 16,	1882	9. AGE (In years last birthdoy) yrs.	IF UNDE Months	Doys	IF UNDE Hours	Mi Mi
during most of wor Harmer	ON (Give kind of work d king life, even if retired)		of Busine		STRY 11. BIRTHPLACE (Sto		country)	12. CI1		·S · A	
3. FATHER'S NAME Philip Mo	orningstar	?			14. MOTHER'S MAIDEN Unkr			n.X	nil.		E.
5. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FORG	Incinal	OCIAL SECURITY		NFORMANT			ress		DD	
1B. CAUSE OF DEA	ATH [Enter only one cou		one for (o), (b), ond		ailip Morn	ingst	ar Th	urmo	INTE	RD ERVAL BE	1 WEE DEAT
1B. CAUSE OF DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which mmediate DUE TO	use per line			ilip Morr	steve	type	urmo	INTE	RVAL BE	DEAT
PART 1. DEA Conditions, if or gove rise to it couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which mmediate the under- (c)	use per line	for (o), (b), ond	(c).]	nilip Morr	stive	type	,	INTE	ERVAL BE	UTOR
PART I. DEA Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which mediate the under: HER SIGNIFICANT COND	DITIONS CO	for (o), (b), and	O DEATH BUT	re Congo	Stive MINAL DISEAS	E CONDITION GI	,	INTE	9. WAS PERFO	UTOP
18. CAUSE OF DEA PART I. DEA 434 Conditions, if o gove rise to i couse (o), stofing lying couse lost. PART II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which mmediate the under. HER SIGNIFICANT COND AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CO	for (o), (b), and	D DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	INTE	9. WAS PERFO	UTOI MED NO
18. CAUSE OF DEAP PART I. DEA H3 4. Conditions, if o gove rise to i couse (o), stofting lying couse lost. Part II. OTI 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which mmediate the under. HER SIGNIFICANT CONC AS UNDERLYING CONCENTRAL EXAMINER) RY Month, Doy, Yeo 19 That I attended the	DITIONS CO 20b. DESCR	IBE HOW INJUI	D DEATH BUT RY OCCURRE 20e. PL for	NOT RELATED TO THE TER D. (Enter noture of injury in the content of the content	MINAL DISEAS n Port I or Poi rm, 20f. (Cit	E CONDITION GIV	ven in pa	RT 1(o) 1	9. WAS PERFOYES U	UTOPMED: NO (She

Thurmont,

TO HOSPITAL STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be retermly by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and the registror prior to burial, crematian, or remayal, and in any event within 2 haurs after death.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

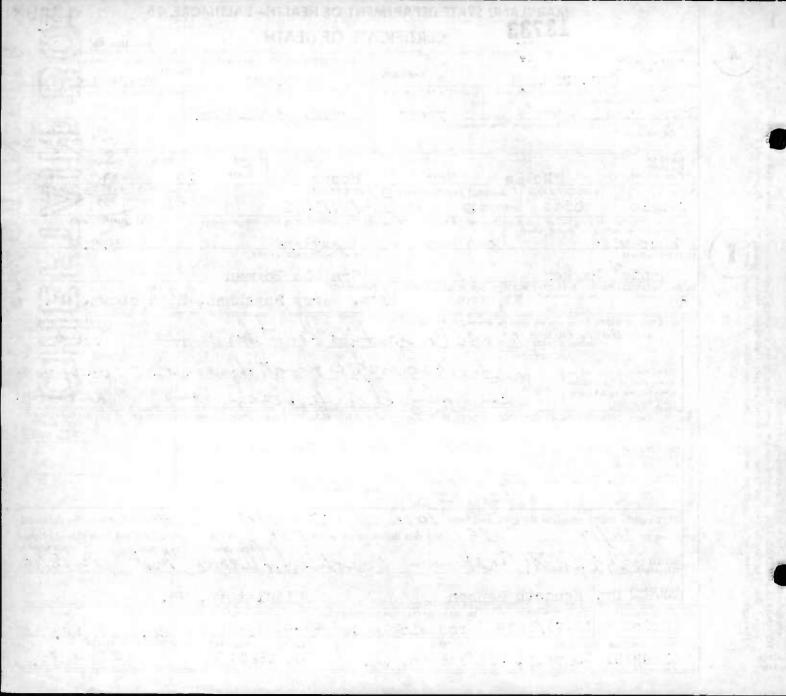
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY
Frederick	Maryland Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Middletown vears	X Rural Middletown
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
3. NAME OF First Middle	Last 4. DATE Month Day Yeor
(Type or print) Della May	Moser OF DEATH 12 17 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
female white widowed Divorced	14/27/1872 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife own home	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Marker	Cynthia Bowman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service) none M	rs. Harry Harshman, Middletown, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) ond (c).] PART I. DEATH WAS CAUSED BY:	Live hear failing INTERVAL BETWEEN ONSET AND OBATH
IMMEDIATE CAUSE (of LEWISE CAUSE)	I was free free free free free free free fre
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Conditions, if ony, which) (buryen)	of a Hear disease unknown
gove rise to immediate couse (a), stating the under-	The le inselevois unknow
(c)	OUT CS CO - CC - CC - CC - CC - CC - CC - C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
Hour o. m. While Not while	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that, I attended the deceased from 10/1	1959, ta 12/17 1959, that I last saw the deceased
alive an 12 1/7 1959, and that deat	
unive on 1221, and that dear	h accurred at 42 DPM, from the causes and an the date stated above
ACTUAL OF TO TO THE TOTAL	AUDICESS (Speet, City or town, store)
SIGNATURE James (Software	M.D. Muddler My, 19/8/59
PHYSICIAN'S Dr. Kenneth Henson	Middletown, Md.
220. RUPLAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY	1
PEMOVEL (Smerify)	
S S S S S S S S S S S S S S S S S S S	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Gladhill Company, Middletown, M	d. DATE DEC 21 '59 Orihun S. Krama



after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITA

VS A1S (4) 1SM 9/58

may be refered by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 an

page 3 shauld be detached far use as the burial-transit permit. Then please remave carban the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATH

13699

	1370	5	CEKTIFIC	AIE OF DE	АІП		Reg. Dist.	No.	
a. COUNTY	ederick		MARYLAND	CTATE	CE (Where deceas	ed lived. If instituti b. COUNTY			sian)
RURAL and give ne	f autside corporate limit earest town) ederick	s, write c.	LENGTH OF STAY IN 16		VN (If autside corp	porate limits, write R	URAL ond give	nearest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi			d. STREET ADD		7th Stree	t	ON	SIDENCE A FARM?
NAME OF DECEASED (Type ar print)	Firs Willia		Middle Arthur	Nogle	4. DATE OF DEATE	Mon De cemb		Day	Year 19 5 9
SEX		7. MARRIED	NEVER MARRIED			9. AGE (In years lost birthdoy)	Months Do		ER 24 HRS
Male		WIDOWED		March 10,	1895	64 угз.			
during mast of wark	teel Co. em		ND OF BUSINESS OR IND		rickm Ma		4 7	·A.	JOUNIKY
George W	. Nogle				elle Hau	gh			
WAS DECEASED EVE	R IN U. S. ARMED FORG	TES? 16. SO rvice) 21	14-10-3391	Mrs. Pauli		Add	Frederi	.ck, Ma	aryla
Canditians, if all gave rise to it couse (a), stoting lying cause lost.	the under- (c)	Pa	elmoney.	emplysen	aa			1	ierz
		DITIONS COM	NTRIBUTING TO DEATH B	UT NOT RELATED TO TH	ETERMINAL DISEA	SE CONDITION GIV	'EN IN PART 1(PERFO	AUTOPSY DRMED? NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter nature af in	jury in Part I ar Pa	art II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	r 20d. INJU While at wark [_ Not while	PLACE OF INJURY (Han factory, street, office blo		ty ar tawn)	(Cau	nty)	(State
21. I certify the alive an actual SIGNATURE PHYSICIAN'S NAME (Type)	atil attended the	Jho	1, and hat dea	th accurred at 41.	ADDRESS (the causes an (Street, city ar town,	d an the d	ate states DA	d abave TE SIGNE
BURIAL, CREMATIO REMOVAL (Specify)			Mt. Olivet			ATION (City, town,		(Sto	te)
FUNERAL DIRECTOR	S SIGNATURE	As.	Frederick,	Maryland 24	a. REC'D BY REGI	STRAR 24b. REGI	STRAR'S SIGN.	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13701

L	13734	CERTIFICA	IL OI DEA			Reg. Dist. No		
	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE a. STATE Mary.		d. If institution b. COUNTY F	Residence before rederic	ore admission K	1)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Frederick-Rural RD#2	c. LENGTH OF STAY IN 16		(If outside corporate I erick-Rura		RAL and give ne	arest town)	
-	d. NAME OF HOSPITAL (If not in hospitol, give street of institution Baker Valley Road	oddress)	d. STREET ADDRESS Bake:	r Valley R	load		ON A FA	ARM?
-	3. NAME OF First DECEASED (Type or print) AUGUSTA	Middle LOUISE	lost RAY	4. DATE OF DEATH	Month Dec	cember 1		59
	5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		31 May 189	. lo		F UNDER 1 YEAR Months Days	Hours 1	24 HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—work	kind of Business or Indus At Home	Maryla	nd	1)	USA	OF WHAT CO	DUNTRY
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDE					
ī	Benjamin F. Shelton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. S. [17 yes, give wor or doing of service] No. [17 yes, give wor or doing of service]		Annie R Formant Orge F. Ray	(Same as	Addres			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under- lying cause tost. (c)	testind of Jeto statric Ideno-corain	Carcino Carcino uma bres	in my fr	em	1	year Year	e. v
	PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					N IN PART 1(o)	PERFORM YES	AED?
- 1		CRIBE HOW INJURY OCCURRED). (Enter nature of injury	in Part I or Port II of	r (lem 16.)			
	Hour a.m. While		CE OF INJURY (Hame, tory, street, office bldg.,		own)	(Caunty)		(Stote)
/	21. I certify that I attended the decease alive on Recipion 195 ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S Bernard 0. Thomas	and that death		ADDRESS (Street, Market St.	e causes an	ote)	te stated	abave E SIGNE
	220. BURIAL, CREMATION, 226. DATE THEREOF 12-16-59	Mount Olivet		22d. LOCATION Frederi			(State)	
	23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fre	ADDRESS ederick, Maryla		DEC 1 6 '59		RAR'S SIGNATU		

TO HOSPITAL may be rei VS A15 (4) 15M 9/55

by the hospital ar ottending physicion.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13707

CERTIFICATE OF DEATH

Reg. Dist. No.

13702

1. PLACE OF DEATH O. COUNTY TO SERVICE DE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY The state of the
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick day	XRural Frederick
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Headers Memorial Hospi	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 12 NO
3. NAME OF First / Middle DECEASED (Type or print) / ARIAN	Lost 4. DATE Month Day Year OF DEATH DEATH 4 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 44 9 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	maruland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tyson Tregoning	Mora Mercer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
ne nu	. Wilmer E. Rippeon Fred, R4, md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
199.2 DUE TO Conditions, if ony, which)	27/2
gove rise to immediate couse (a), stating the under- lying couse lost.	
-	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to while of work of work of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from	195 to the A 19.5 that I last saw the deceased
	h accurred at 12:30 P.M. from the causes and an the date stated above.
ACTUAL SIGNATURE TO THE METERS OF THE SIGNATURE	M.D. ADDRESS (Street, eit? or town, stoty) DATE SIGNED
PHYSICIAN'S HMESSLE	1 Mmmand & mid
220. BURIAL, CRÉMATION, 226. DATE THEREOF REMOVAL (Specify) 12/8/59 ROCKY HELD	e Cemetery Wr. Woodsboro Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .	240. REC'D RY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J. C. Barton, Walker welle	Md DATE DEC 9 '59 Chiling S. Prans

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be referred by the hospital or attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the ottending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 pours ofter death.

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	13708	CERTIFICA	AIE OF DEATH		Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY			ere deceased lived. If institution	n: Residence before admission)
/	Frederick	MARYLAND	o. STATE Mary	Land b. COUNTY	Frederick
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16		atside corporate limits, write RU	RAL and give nearest town)
	Frederick	9 days	X Rural -	Mt. Airy	
	d. NAME OF HOSPITAL (If not in hospital, give street or institution. Three Pines Nursing		R.D.#	2	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle R	C 3Vn SKi	4. DATE Month	Dgy Year
	10 10 11 11 11 11	RRIED NEVER MARRIED DIVORCED DIVORCED	6-7-1896	9. AGE (In years lost birthday) 63 yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired) 10usewife	home	STRY 11. BIRTHPLACE (Stole of Austr:		12. CITIZEN OF WHAT COUNTR Austria
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	John Daneli	uk	Mary Ba	abych	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) 1 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	255
d	no	M	rs. Rodman I	Righter, Mt.	Airy, Md.
1	1B. CAUSE OF DEATH [Enter only one couse per	ine for (o), (b), and (c).],	1		INTERVAL BETWEEN ONSET AND DEATH
4	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	evebra	hemovrha	GC .	1 days
	Conditions, if any, which) (b)	with hemi	Plegia, la	E(+)	
	gove rise to immediate cade (a), stating the under-	upertensii	re Cardio-1	lasculardisc	ease 20 years
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1B.)	
	Hour o.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the decea		, 1959, to De	C.S., 199	,that I last saw the decease
	alive an 19	51, and that death	accurred at 9:30 H	M, fram the causes ar	nd an the date stated above
	ACTUAL SIGNATURE SERVICE OF	Humasa	M.D. 228/V	DDRESS (Street, city or town, s	DATE SIGNE
	PHYSICIAN'S BEVNARD O. TI	romas /sv.	Fredt	rick, Ild	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
	REMOYAL (Specify) BURIAL 12-11-1959	Linganor	е	Unionville,	Md.
	23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz. Wi	ADDRESS nfield, Md.	24a. REC'D		TRAR'S SIGNATURE
	Valva Waluza Wi	THE TOTAL MICE	1 DE	1 33 1 000	MANY D. / CLANCE

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have death. Page 4		I O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely tilled in ey the tuneral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with	1
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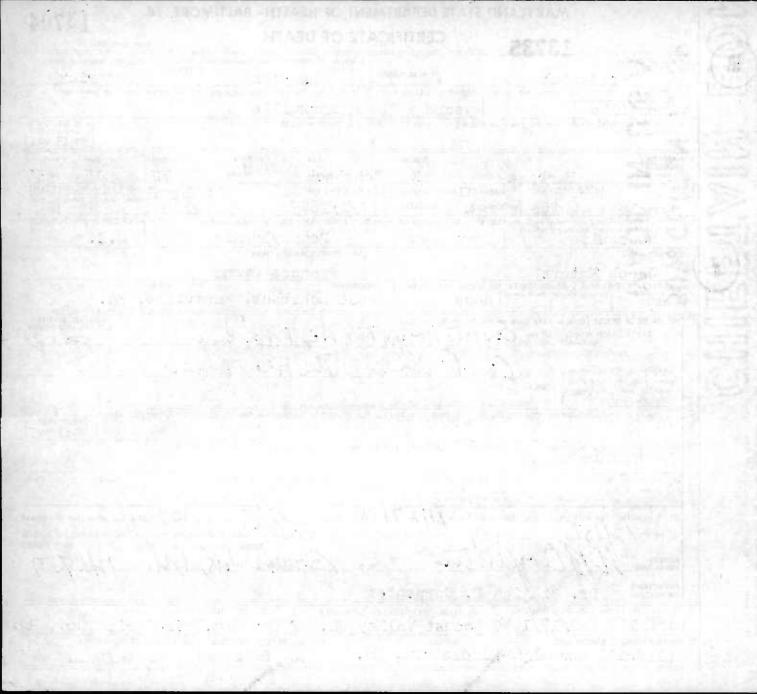
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13704

					Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	derick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	b. COUNT	tion: Residence before odmission) Y Frederick
	outside carporate limits, w rest town)	rite c. LENGTH OF STAY IN 16	-	f outside corporate limits, write	
	. (If not in hospital, give s		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print)	First Barbara		lohrba c k	OF	Day Year 2 15 19 59
female	white wi	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 1/1/1879	9. AGE (In year last birthday) 80 yr	s. Manths Days Haurs Min.
during most of workin	g life, even if retired)	own home	Penns	ylvania	12. CITIZEN OF WHAT COUNTRY
Jacob	Waters		France:	s Owens	
15. WAS DECEASED EVER (Yes, no, or unknown) (If	IN U. S. ARMED FORCES? yes, give war or dates of service)	101 00 011 10 00 00 111 1 1 1 1 1	esse Rohrb	ack, Knoxvil	le, Md.
Conditions, if ony gove rise to improve couse (o), stoting the lying cause lost. PART II. OTHE	mediate DUE TO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTOPS
PART II. OTHE	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury i	in Port 1 or Port II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Year 2		ACE OF INJURY (Hame, fa ictory, street, office bldg., e		(County) (Stat
21. I certify the alive on ACTUAL SIGNATURE	t I attended the de		19, 19, ta/ n occurred at 511	nia.	Athat I last saw the decease and on the date stated above, safe) DATE SIGNI
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREOF	B. Carpente	DR CREMATORY	22d. LOCATION (City, town	
DUPLAT 3. FUNERAL DIRECTOR'S Gladhill		O Locust Vall ADDRESS Middletown, M	24a. RE		ederick Co., M. GISTRAR'S SIGNATURE Colling & Kroue



13705

20100			K	eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institutions b. COUNTY F	Residence before admission) rederick	
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town. Frederick—Rural RD#7	c. LENGTH OF STAY IN 1b 2 Months	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick			
d. NAME OF HOSPITAL (If not in hospital, give street edgewood Church Road (Pr	et address) Lvate home)	d. STREET ADDRESS 341 Eas	st Third Street	e. IS RESIDENCE ON A FARM? YES NO XX	
3. NAME OF First DECEASED (Type or print) BARBARA	Middle ALICE	lost SHIFLER	4. DATE Month OF DEATH Dec	Doy Yeor cember 28, 1959	
Towala White	RRIED NEVER MARRIED 8	9 Feb 1883		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) HOUSE—WORK	b. KIND OF BUSINESS OR INDUST At Home		r foreign country) 1 County Marylar	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
John W. Sensenbaugh		Amanda Hoo			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		FORMANT B. Ima S. Mill	145 W. Amoa Len, Union Bridg		
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. (c)	Carcinana	Ostruction Pancrea		INTERVAL BETWEEN ONSET AND DEATH AUTCO PC COMUNICATION	
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U[FETTHER, NOTIFY MEDICAL EXAMINER]	S CONTRIBUTING TO DEATH BUT I			IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE FIOTY WOOK! OCCURRED	. Jemer norde de injury in te			
Hour o.m. Whi		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)	
21. I certify that I attended the decedrative on It. 28 , 19 ACTUAL SIGNATURE SUMMED OF Thom PHYSICIAN'S Bernard O. Thom	Sq., and that death	occurred at 4:20A	_M, fram the couses and ADDRESS (Street, city or town, state stee Ste	hot I lost saw the decease I an the dote stoted obove te) DATE SIGNE 29 Dec 195	
220. BURIAL, CREMATION, 226. DATE THEREOF 12-31-59	22c. NAME OF CEMETERY OR Rose Hill Cen	netery	22d. LOCATION (City, town, or co Hagerstown, Ma	ounty) (Stote) aryland	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F	rederick, Maryla	and 240. REC'D		AR'S SIGNATURE	

DEVNERAL EXECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. may be ret VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL

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MARYKAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13706

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1. PLACE OF DEATH o. COUNTY	Frederi	ck	MARYLAND	2. USUAL RESIDENCE o. STATE Virg		d lived. If institu b. COUNT	v	e before odmission	n)/
b. CITY OR TOWN and give nearest tow	or Land		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corpo		RURAL ond g	ive nearest town)	
	ong Potom		ospital, give street oddress) 1 ver	d. STREET ADDRESS	S			e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	CHARLES	rst	Middle	SNOOTS	4. DATE OF DEATH	12 ^{Month}	2	Doy Year 7 195	
5. SEX Male	6. COLOR OR RACE White	7. MARS		5-10-1909		P. AGE (In years lost birthday) 50 yrs.	Months Do	YEAR IF UNDER 24	
100. USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)		KIND OF BUSINESS OR INDUST	Virgir	- 1	untry)		N OF WHAT COU	JNTRY?
13. FATHER'S NAME	Alonza	L.Sn	oots	14. MOTHER'S MAIDEN		e Belle	e Jenl	kins	
15. WAS DECEASED E	VER IN U. S. ARMED FC Iff yes, give war or dates of			Mrs.Letti	e Wetz	Address ell,St	rawsbı	urg, Va.	
Conditions, if gove rise to imme (o), stoting the couse lost.	underlying DUE TO)	CONTRIBUTING TO DEATH BUT N		RMINAL DISEASE	CONDITION GIV	EN IN PART I	PERFORME	OPSY
	ONTRIBUTING 1	Ob. DESCRI	BE HOW INJURY OCCURRED. (E	nter noture of injury in t	Port I or Port II o	f item 1B.)			
20c. TIME OF INJU Hour o. m p. m.		Wh		CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City of	or tawn)	(Count	y) (S	Stote)
21. I certify	hat I took charge	causes	remains described abo	_M.D. CHIEF MEDICAL ASSISTANT MED	de [], Un		ause .	DATE SIGN	(ED
220. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 226. DATE THEREO	OF.	22c. NAME OF CEMETERY OR Lutheran	CREMATORY		ON (City, town, of ferson,		(Stote)	
23. FUNERAL DIRECTO	11	3run:	ADDRESS Swick, Marylan		EC'D BY REGISTR	AR 24b. REGIS	STRAR'S SIGN	ATURE	

VS. A15ME(5) 5M 9/55

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Reg. Dist. No.

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5.5 TO HOSPITAL TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Pe	moy be retail. By the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in space funeral directors as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the registror prior to burial, cremotian, or remaval, and in any event within 72 hydrs after death.	
TO HOSPITAL	moy be reft TO FUNERAL page 3 shot the registror	

		SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY F. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) ORANSTITUTION A MAN VILLE - P. D.	STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GOODE Archie S	Last 4. DATE Month Day Year OF DEATH 2 9 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA WIDOWED DIVORCED	P. AGE (In years lost birthday) AV. 21-1900 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	during most of working life, even if retired) ADOPER CONSTRUCTION	1. BIRTHPLACE (State or foreign country) Frederick Co - // d
1)	HOArce L SNOWDEN H	ALVIETT BOWIE
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give wor or dates of service) 214-14-6569 Add	Address I JAMEVILLE-M
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	liovascular disease interval BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) Emphyseuma & br	neliectasis 5 years
	couse (o), stoting the <u>under-lying couse last.</u> Co. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT.	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	ACCIDENT WAS INDESTRUCTED TO DESCRIPT HOW INVENTOR OF THE	PERFORMED? YES NO Per noture of injury in Part I or Port II of item 18.)
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		FINJURY (Home, form, 20f. (City or town) (County) (Stote) treet, office bldg., etc.)
	21. I certify that I attended the deceased from 10 176 alive on 12 6 , 1979 , and that death according to the second seco	
,	ACTUAL SIGNATURE TO Kern M.D.	DATE SIGNED ADDRESS (Street, city of town, fote) DATE SIGNED 12/10/59
- /	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE.	V-Mills Fred. Co. Mid.
R	Charles Ei Hiers Fred. Md	DATE DEC 1 4 '59 24b. REGISTRAR'S SIGNATURE
V		

. March to the second of the sec The second of th George Archie Sundansen THE CONTRACTOR OF THE STATE OF LA ber ser Santage I The Transfer of Al & The state of the second of the The margine of Williams in the confirmation william the same La content of the transfer of the free content of

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CERTIFICATE OF DEATH

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70.00				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND 2	o. STATE Maryla		Residence before admission) Frederick
RURAL and give negrest town)	8 Years	c. CITY OR TOWN (If our	side corporate limits, write RU ick	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre	55)	d. STREET ADDRESS 131 Ea.	st Sixth Stree	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First DECEASED (Type or print) JESSE	Middle BROWN	SPANGLER	DEATH DEC	cember 27, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 1	DIVORCED [DATE OF BIRTH 27 Jan 1907	502 birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard Detec	of Business or Industrative Agency		foreign country) ty Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
James E. Spangler		Roseabelle	Spangler	
(Yes no or unknown) . (If we must be date of service)		Bonnie R. S	Addre pangler (Same	44. 8
Conditions, if ony, which gove rise to immediate couse (o), storing the under lying couse lost. Column Co			al Disease condition give	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (Enter nature of injury in Po	rt I ar Part II af item 18.)	
	OCCURPED 20e. PLACE Not while factor of work	E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from a live on a live o	, and that death of	220 N. Mar Frederick,	M, from the causes ar DDRESS (Street, city or lown, st ket Ste	29 Dec 1959
Buil Par (Specify) 1.2-30-59 M	ADDRESS	Cemetery	Frederick, Mar	
and the modification of point a record	atony morgani	DATE DEC	30'59 01	Luc 8 House

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the hospital or attending physicion.

O FUNERAL RECTOR: After this certificate has been signed by the attending physicion and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL VS A15 (4) 15M 9/55

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TO HOSPITAL

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22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

40. REC'D BY REGISTRAR

DATE DEC 2 9 '59

(State)

VS A15 (4)
15M 9/S5

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

	CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13713

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PLACE OF DEATH o. COUNTY	Frederi	ick	MA	RYLAND	2. USUAL RESIDENCE 0. STATE WAL	yland	d lived. If instituti b. COUNTY	Fred	erick	ssion)
RURAL ond give		ts, write	c. LENGTH OF STA	AY IN 1b	35		prote limits, write R	URAL ond gi	ve nearest to	vn)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, o	jive street o	Life ddress)		d. STREET ADDR				e. IS RE	SIDENCE A FARM?
	11 Terra	ace A	venue		11 Te:	rrace A	venue		YES [NO
NAME OF DECEASED (Type or print)	Fir Mar		Midd		albott	4. DATE OF DEATH	Mor 12	nth	Day 20	Year 19 50
SEX NO 3 o	6. COLOR OR RACE	7	ED NEVER MAR	RIED CEDATE	8. DATE OF BIRTH	0Ľ	9. AGE (In years last birthdoy)		YEAR IF UND	T
. USUAL OCCUPAT	Mhite ION (Give kind of work)			31.37	STRY 11. BIRTHPLACE	(State or foreign c	14	12. CITIZ	EN OF WHAT	COUNTR
clerk	orking life, even if retired)	stauran		Maryl	and			S.A.	
FATHER'S NAME					14. MOTHER'S MAI					
	Henry Ta					Minnie	Holtma			
WAS DECEASED EV s, no, or unknown)	VER IN U. S. ARMED FOR 1 (If yes, give war or dates of s		OCIAL SECURITY N	10.	NFORMANT		Add	ress		
No				La	wrence T	alhott.	Brunswi	ck. Ma	rylan	d
	EATH [Enter only one co EATH WAS CAUSED BY:	1	for (G) (g) and (c).]	os the	erts	Perea	se	INTERVAL E	D DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	DUE TO Ony, which immediate g the under. (c)		alp	eli	er/t	art f	Pafea	se	ONST A	DEATH
Conditions, if gove rise to couse (o), storing lying couse lost	DUE TO Ony, which immediate g the under: t. (c) CTHER SIGNIFICANT CON		alp	eli	er/t	art f	Pafea	se	1(0) 19. WAS	AUTOPS ORMED?
Conditions, if gove rise to couse (o), storing lying couse lost	DUE TO Ony, which immediate g the under. (c)	DITIONS CC	ONTRIBUTING TO D	DEATH BUT	er/t	TERMINAL DISEAS	Afea,	se	1(o) 19. WAS	AUTOPS ORMED?
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Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O' 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT	THER SIGNIFICANT CON WAS UNDERLYING CAUSE OF DEATH ONLY MONTH, Doy, Yes That I attended the J. G. F. SM. J. G. F. SM.	DITIONS CO 20b. DESC 20b. DESC ar 20d. IN While of work decease	ONTRIBUTING TO E RIBE HOW INJURY JURY OCCURRED Not while of work	OCCURRED 20e. PL. for at death	NOT RELATED TO THE D. (Enter noture of injunctory, street, office bidden accourred at the accountry accountry to the accountry to the accountry accountry accountry to the accountry accoun	TERMINAL DISEAS Try in Port I or Port Apple 1 or Port Apple 20f. (City Apple 20f. (City Apple 3 or Port Apple 3 or Port Apple 3 or Port Apple 4 or Port Apple 5 or Port Apple 5 or Port Apple 5 or Port Apple 5 or Port Apple 6 or Port Apple 6 or Port Apple 7 or Port Apple 8 or Port Apple 8 or Port Apple 8 or Port Apple 8 or Port Apple 9 or Port	the causes are street, city or town	VEN IN PART (Co	ounty) 1(o) 19. WAS PERF YES [S AUTOPS ORMED? NO

TO HOSPITAL TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital arrottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayol, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

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CERTIFICATE OF DEATH

Reg. Dist. No.

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M	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick C. LENGTH OF STAY IN 1b Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick
069	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital	d. STREET ADDRESS 4 East Church Street o. IS RESIDENCE ON A FARM? YES \(\) NO (4)
	3. NAME OF First Middle DECEASED (Type or print) MARY EDITH	THOMAS 4. Date Month Day Yeor Death December 23, 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	June 3, 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Address Address
	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary Dr. Office	USTRY 11. BIRTHPLACE (Stote or foreign country) Maryland USA
1	13. FATHER'S NAME Cephus M. Thomas	Lauretta E. Schaeffer
	(Yes, no, or unknown) Iff yes, give wor or dates of services	Mrs. Ruth T. Maisel, Baltimore 29, Maryland
	11001	tie Cardious Cular dis. Interval Between onset and Death ing aneurysing of thorsein 10+475. mind a orth
2	15 Hyperthian	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ★★ NO □ RED. (Enter noture of injury in Port I or Port II of item 18.)
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from alive an 22 DET 1957, and that dea ACTUAL SIGNATURE Charles H. Conley, Jr., M. D. PHYSICIAN'S NAME (Type) Charles H. Conley, Jr., M. D.	1951, to 12/23, 1957, that I last saw the decease th accurred at 10:05AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNE 12/24/59 Frederick, Maryland
		et Cemetery Frederick, Maryland
4 1	23 FUNEDAL DIDECTOR'S SIGNIATURE APPRESS	A CONTRACTOR OF DECISION OF CONTRACTOR

M. R. Etchison & Son, Frederick, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be ref. by the hospital or attending physician. VS A15 (4) 15M 9/SS

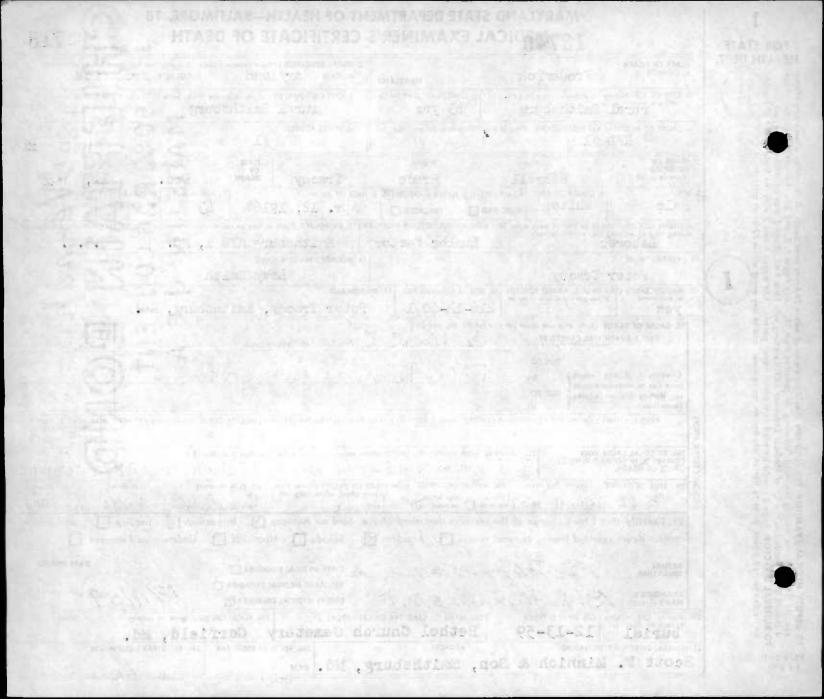
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	TITAL OR INSTITUTION (I	f not in hospi	itol, give street oddress)	d. STREET ADDRESS RFD	#1			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin Russe		Middle Bruce	Tracey	4. DATE OF DEATH	Month Dec.	Doy	Year 19 59
s. sex Male	6. COLOR OR RACE White	7. MARRIED	DIVORCED DIVORCED	Apr. 12, 19		Land Mindfullation	Months Days	Hours Min.
during most of worl	king life, even if retired)		nd of Business or Indust Lumber factor				100	S.A.
13. FATHER'S NAME Pete	er Tracey			14. MOTHER'S MAIDEN N	evy Smit	th		
15. WAS DECEASED I (Yes, no. er unknown) yes	VER IN U. S. ARMED FO	tervice)	001AL SECURITY NO. 17. H	Peter Tracej	, Smith	Address	Md.	
L - L - L - L - L - L - L - L - L - L -		ise per line to	or (a), (b), and (c),]	b -	*		CINSE	YAL BETWEEN T AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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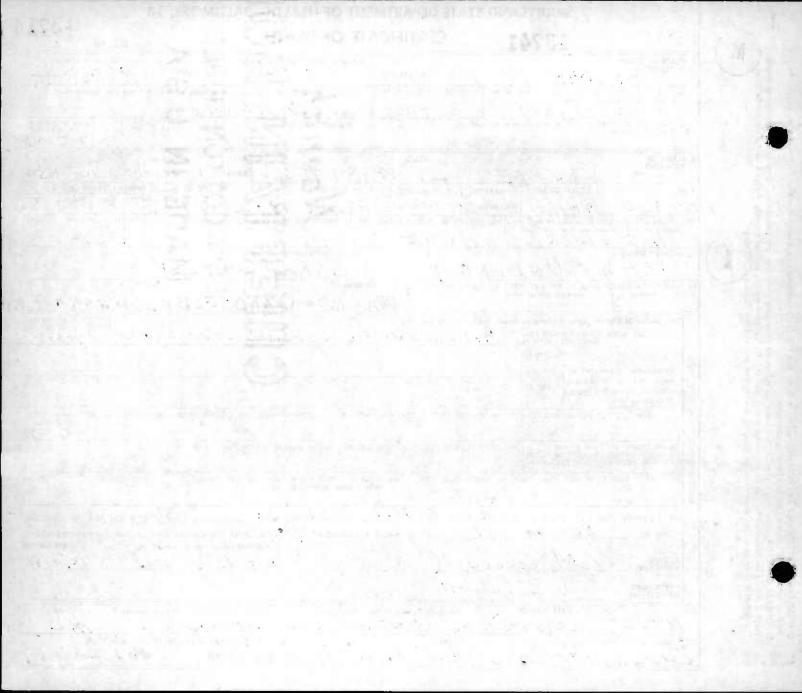
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7	7		
TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	moy be retained by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director,	4)	3
13/	N 7/2	В	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 13741

13714

70677		Keg. Dist. No.				
1. PLACE OF DEATH G. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Who a. STATE		institution: Residence DUNTY	before admission) -PERICK	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	20 LRS	c. CITY OR TOWN (IF o	utside carporote limits,	write RURAL ond give	e nearest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddres OR INSTITUTION	55)	d. STREET ADDRESS	7.1.1(1) 4.		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Middle L	ARTHEN	4. DATE OF DEATH DE	Month cember	Day Year 10 1959	
EMALE WHITE WIDOWED D		B. DATE OF BIRTH FEB 10-18	72 9. AGE (In last birt	yeors IF UNDER 1 Y Hoday) Months Da	YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	MD		12.CITIZEN	S A	
JOHN SOUMBERC	BER	SARAH	. 5/1/0/	EY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO.	MS HBERNI	4RDSEL1	Address BY NEVY	MARKETA	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gave rise to immediate couse (o), stating the under: lying couse last. (c)	Perio sclere		ovesculer	Disease	INTERVAL BETWEEN ONSET AND DEATH 2 460 VS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR		F NOT RELATED TO THE TERMII			PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW HOOK! OCCORN	D. (Ellier holove of injory in t		751)		
Hour a.m. While		ACE OF INJURY (Home, form interpretation), street, office bldg., etc.		(Cou	inty) (Stote)	
21. I certify that I attended the deceased fralive an NOV 24, 1959 ACTUAL SIGNATURE OF BLUE O	, and that death			ses and an the d	saw the deceased date stated abave. DATE SIGNED TV/10/39	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY C	OR CREMATORY HILL CEM	MONROY	tawn, or county)	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE LICENTY TELEVILLE	Meir-Mar	1 +)41 -	D BY REGISTRAR 24	D. REGISTRAR'S SIGN		



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DYACTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior ta burial, cremotian, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13714

CERTIFICATE OF DEATH

Reg. Dist. No. 13715

1. PLACE OF DEATH o. COUNTY	rederick	MARYLAN	2. USUAL RESIDENCE (10 o. STATE Mary	Where deceased	lived. If instituti b. COUNTY		
b. CITY OR TOWN (If or RURAL and give neare Brunswic	utside corporote limits, write est town) K	c. LENGTH OF STAY IN 1	6. CITY OR TOWN (I		ote limits, write R	RURAL ond give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, give street 5th.Aven)		/ d. STREET ADDRESS 6 5th.Avenue e. 15 for one yes				
3. NAME OF DECEASED (Type or print)	First Nellie	May	Wenner	4. DATE OF DEATH	Mon 12	2	Day Year 3 1959
	. COLOR OR RACE 7. MARI		0	-	AGE (In years lost birthdoy) 9 yrs.		AR IF UNDER 24 HRS.
(Hone) FAC	(Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR IN	Marylan	nd	untry)		OF WHAT COUNTRY?
13. FATHER'S NAME	Unknow	n	14. MOTHER'S MAIDEN		known		
	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Mrs.Thelma	Smith,	Bruns		artland
PART I. DEATH 10 12 2, 2 Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	nediote DUE TO	arde of all	BUT NOT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	nago	ITERVAL BETWEEN NSET AND DEATH 19. WAS AUTOPSY PERFORMED?
PART II. OTHER 20a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. m. p. m. 21. I certify that olive on 1	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Yeor 20d. I While	NJURY OCCURRED 20e. Not while tk ot work	PLACE OF INJURY (Home, fo foctory, street, office bldg.,	20f. (City of etc.)	or town)	4114714	YES NO (Stote) aw the deceased the stoted obove.
ACTUAL SIGNATURE PHYSICIAN'S	G.F.Smith	Al -		rick, Ma		stote) 12,	/26/59
220. BURIAL, CREMATION, BREMOVAL (Specify)	22b. DATE THEREOF 12-26-59	22c. NAME OF CEMETER Park Heig	Y OR CREMATORY	22d. LOCATI	ON (City, town, SWICK,		(Stote)
23. FUNERAL DIRECTOR'S S		ADDRESS wick, Maryla	24a. RE	EC'D BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	

HIS DEC 7/40HHRES ATTEL त्रावासकार क्षेत्रकार का स्थापन का कार्या का कार्य विकास कार्या का कार्य

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

D. COUNTY	Fred	erick		MARYLAN	O STATE ME TO	yland	b. COUNT	ution: Residence	derick
b. CITY OR TOW and give nearest Rural B1	lowel			c. LENGTH OF STAY IN 1	c. CITY OR TOW XBurkitt	N (If outside corp	orate limits, write	RURAL and g	give nearest town)
				itol, give street oddress) and Jeffer:	d. STREET ADDRE	SS			e, IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)		First Josep	h	Middle Richard	Wood	4. DATE OF DEATH	12 Month	30	Doy Year 9
Male	Whi	te	WIDOWED		8. DATE OF BIRTH 2-13-191	.5	9. AGE (In years lab birthday) yrs.		YEAR IF UNDER 24 HRS
Labore	r	ind of work do n if retired)		nd of Business or Indi Farm etc.	Maryla	and	puntry)	F 30	S.A.
13. FATHER'S NAMI	Gec EYER IN U. S.	ARMED FORCE	CES? 16. S	OCIAL SECURITY NO. 17	14. MOTHER'S MAID	Els	ie R.De		
	DEATH [Enter of	USED BY:		er (o), (b), and (c).]			rederic		INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF PART I. I	DEATH [Enter of	DUE TO		or (o), (b), and (c).] hot Wound				nd	INTERVAL BETWEEN
18. CAUSE OF PART I. I 9 7 6 2 Conditions, i gave rise to in (a), stating it cause last. PART II.	DEATH [Enter of DEATH WAS CA IMMEDIATION of any, which mediate couse he underlying OTHER SIGNIFICALISE WAS	DUE TO DUE TO	Guns	hot Wound	of left s	ide of	face ar	nd L1	interval between onset and death Minutes
18. CAUSE OF PART I. I PART I. I PART II. I PART II. I PART III. I	DEATH [Enter of DEATH WAS CA IMMEDIATIVE of any, which immediate couse the underlying OTHER SIGNIFIC CAUSE WAS CONTRIBUTING TH.	DUE TO DUE TO	GUNS TIONS CON DESCRIBE 20d. IN While	HOT WOUND WIRIBUTING TO DEATH BUT HOW INJURY OCCURRED Not white 200. F	of left s	ERMINAL DISEASE	face ar skul condition gives	nd Ll	Minutes Minutes Minutes
18. CAUSE OF PART I. I 9 7 6 7 Conditions, i gave rise to in (a), stating el couse lost. PART II. 20a. EXTERNAL PRIMARY or CAUSE OF DEA 20c. TIME OF II Hour o. p. 21. I certify	DEATH [Enter of DEATH WAS CA IMMEDIATION of any, which immediate couse the underlying OTHER SIGNIFIC CAUSE WAS CONTRIBUTING THE WORLD OF THE PROPERTY OF THE P	DUE TO (b) DUE TO (c) ICANT CONDI 19 Ok chorge Natural co	Couns Outlines Con Describe 20d. In While of worl of the re ouses	HOT WOUND WIRIBUTING TO DEATH BUT HOW INJURY OCCURRED WIND While of work 200. Femoins described o	of left s: T NOT RELATED TO THE T CEnter nature of Injury in the contary, street, office bldg. bove, held an Autouicide X, Homio M.D. CHIEF MEDIC. ASSISTANT MEDICAL	ERMINAL DISEASE Part I or Part II form, 20f. (City opsy, In	skul condition gives of item 18.) or town) espection A	Country thquiry couse .	Minutes Minutes Minutes

VS. AISME(S)

SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BARTIMORE TO THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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